

FAMVAR INTERNATIONAL SECONDARY SCHOOL

35B WOKE STREET, OFF SANI ABACHA ROAD, GRA PHASE 3, PORT HARCOURT, RIVERS STATE.

IGCSE REGISTRATION FORM



Affix two passport sized photographs here.

SECTION –A: BIO DATA

NAME: _____
Surname First name Other name(s)

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

NATIONALITY: _____

STATE OF ORIGIN: _____

L.G.A.: _____

SECTION – B: CONTACT DATA

STATE OF RESIDENCE: _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER(S): 1. _____ 2. _____

SECTION – C: EDUCATIONAL DATA

ARE YOU CURRENTLY A SECONDARY SCHOOL STUDENT? YES / NO. IF YES:

SCHOOL NAME: _____

CURRENT CLASS: _____

WHAT DEPARTMENT? (SCIENCE, COMMERCIAL OR ARTS): _____

INTENDED COURSE OF STUDY: 1. _____ 2. _____

TICK BELOW TO INDICATE THE SUBJECT YOU WILL LIKE TO STUDY.

S/N	SUBJECT	TICK			TICK
1.	MATHEMATICS		8.	COMMERCE	
2.	ENGLISH AS SECOND LANGUAGE		9.	GLOBAL CITIZENSHIP	
3.	SCIENCES (PHYS, CHEM. & BIO.)		10.	BUSINESS	
4.	ECONOMICS		11.	ACCOUNTING	
5.	GEOGRAPHY		12.		
			13.		

6.	ENGLISH LITERATURE			14.		
7.	COMPUTER STUDIES			15.		

TICK TO CHOOSE THE ARRENGEMENT (NOTE THAT COST VARIATIONS MAY APPLY)

S/N	SESSION	TIME	CLASSIFICATION	TICK
1.	WEEK DAYS (MONDY THROUGH THURSDAY)	2:00-4:00 PM	REGULAR	
2.	WEEKENDS (STURDAYS AND SUNDAYS)	TO BE ARRANGED	CLASSIC	
3.	ANY OTHER SPECIAL PLAN	TO BE ARRANGED	SPECIAL	

QUESTIONIARE

S/N	QUESTIONS	YES	NO
1.	WOULD YOU LIKE TO FURTHER YOUR STUDIES ABROAD?		
2.	DO YOU HAVE YOUR PREFERRED FOREIGN COUNTRY ALREADY?		
3.	HAVE YOU HAD ANY SCHOLARSHIP OFFERS BEFORE?		
4.	WILL YOU BE OPEN TO SCHOLARSHIP OPPORTUNITIES?		
5.	WOULD YOU NEED TRAVEL SUPPORT FROM OUR PARTNERS?		

DECLARATION

I, _____, do hereby declare that all the data provided above are true, factual and incontrovertible. I am to be held responsible for any falsehood noticed therein. I also pledge to abide by the policies, terms and conditions of the school and the programme.

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

AFTER CAREFUL SCRUTINY OF THE INFORMATION PROVIDED, THE FAMVAR DEPARTMENT OF INTERNATIONAL STUDIES HEREBY APPROVES / DISAPPROVES YOUR REGISTRATION TO THE IGCSE PROGRAMME.

PROGRAMME ADMITTED INTO: _____

ADMISSION NUMBER: _____

REMARK: _____

OFFICER'S NAME: _____

OFFICER'S SIGNATURE: _____

DATE: _____

