OBARO EDUCATIONAL CENTRE

G.S.M: 08185216423, 07038261014

ADMISSION FORM

1. Name of Student:_____
(Surname First)

2. Date of Birth_____3. Age:_____ 4. Sex:_____

5. Religion:_____ 6. Nationality:_____

7. State of Origin:_____ 8. L.G.A of Origin:_____

9. Permanent Home Address:_____

10. Present Contact Address:_____

_____

11. Name of Parents/Guardian:_____

12.Occupation of Parents/Guardian:_____

13. Address of Parents/Guardian:_____
(P.O. Box not accepted)

14. Last School Attended:_____

15. Last Class Passed:_____

16. Result/Certificate Obtained:_____
(Photocopy of Result/Certificate obtained must be attached)

17. Present Class being applied for:_____

18. Parent's GSM Line(s):_____{Dad}_____{Mum}

19. Declaration (Oath taken)

I, _____hereby declare that the information given by me in this form is authentic to the best of my knowledge. The school authority reserves the right to nullify my admission if it discovers any falsehood in them. I also pledge to be of good behaviour and to abide by the rules and regulations of the school realizing that any act of indiscipline may lead to my expulsion from the school.

Date:_____ Signature of Applicant:_____