OBARO EDUCATIONAL CENTRE

G.S.M: 08185216423,08138376174, 07038261014

Email:*obaroeducational25@gmail.com*

SSCE ENROLMENT FORM

1. NAME OF STUDENT: _____

SURNAME FIRST (ALL IN CAPITAL LETTERS)

2. DATE OF BIRTH:_____ 3. AGE:_____ 4. SEX:_____

5. RELIGION:_____ 6. NATIONALITY: _____

7. STATE OF ORIGION:_____ 8. L.G.A OF ORIGIN: _____

9. CONTACT ADDRESS: _____

_____

10. SUBJECT ENROLLED:

I. ENGLISH LANGUAGE
II. MATHEMATICS
III. ECONOMICS
IV. CIVIC EDUCATION
V. MARKETING
VI. ……..
VII. ……..
VIII. ……..
IX. ……..

11. PARENTS/GUARDIANS NAME & ADDRESS: _____

_____

12. PARENT'S/GUARDIAN'S SIGN., DATE & PHONE NO: _____

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14. DECLARATION (OATH OF CONDUCT): I, *hereby declare that the information given by me in this form is authentic to the best of my knowledge. I, Promise to abide by the rules and regulations of this institution. I promise to conform with the culture and values of the institution. I also promise to wear the recommended uniform, belt sandals and hair do at all times throughout the period of my studentship in this institution. I accept that if I fail to comply with the rules, regulations and cultural values of the institution, the school management should deem it fit to withdraw my studentship without refund of any part of the fees paid.*

Please, attach 2 J.S.C original and 2 passports

NB: A. Any wrongly spelt/omission of names is at your own risk.

B. Please, attach receipt of both enrolled .....

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Student Signature/Date & Phone No.

Bank Name: FIRST BANK PLC. Account Name: OBARO EDUCATIONAL CENTRE LTD.

Account Number: **2033624745**

Principal/Proprietor's Signature/Date