



FAVOUR BRITISH MODEL SCHOOL

(CRECHE, NURSERY, PRIMARY AND SECONDARY)
100, Ogheghe/Obagie Road, (Beside Emmalex Hospital)
Off Sapele Road, Benin City, Edo State.

APPLICATION FORM NO: _____

MOTTO: NURTURING POTENTIALS, ACHIEVING GREATNESS.

PUPIL'S APPLICATION FORM

Attached Two
Recent Passport
Photograph
Heres

SECTION A PUPIL'S PERSONAL DATA

1.1 NAME OF APPLICANT _____
Surname first in Block Letters

1.2 DATE OF BIRTH _____ AGE NEXT BIRTHDAY _____

SEX: MALE FEMALE (PLEASE TICK THE APPROPRIATE BOX)

1.3 RELIGION _____

1.4 NATIONALITY _____ 1.5 STATE OF ORIGIN _____

1.6 HOME TOWN / L.G.A. _____

1.7 PRESENT CLASS _____

1.8 CLASS TO WHICH ADMISSION IS SOUGHT _____

1.9 CONDITION OF HEALTH: PERFECT HANDICAPPED (Please tick the appropriate box)

1.10. PLEASE SPECIFY KIND OF HEALTH HANDICAP _____

SECTION B

2.0 PARENTS/GUARDIAN'S PERSONAL DATA

2.1 NAME OF PARENTS/GUARDIAN _____

2.2 OCCUPATION _____

2.3 RESIDENTIAL ADDRESS _____

POSTAL ADDRESS

TELEPHONE NO(S) _____

E-MAIL: _____ FAX _____

4.0. REQUIRED DOCUMENTS

To have a valid admission form acceptance, the following documents are required
(Please tick as provided)

- * Birth Certificate
- * Blood Group/Genotype
- * Hepatitis B/C
- * HIV/AIDs
- * Birth certificate/Immunization Card
- * Previous School Record

DECLARATION

I, _____ THE PARENTS/GUARDIAN OF THE APPLICANT
HEREBY DECLARED THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUTH AND VERITY.

PARENTS/GUARDIAN'S SIGNATURE

DATE

NOTE: SHOULD ANY OF THE INFORMATION BE FOUND TO BE FALSE, THE APPLICANT STAND TO CLOSE HIS/HER ADMISSION AS A PUPIL OR STUDENT IN THE SCHOOL FORTHWITH.

FOR OFFICIAL USE ONLY

RECEIPT NO: _____

Admitted

Not Admitted

CLASS ADMITTED TO _____

ADMISSION NO _____

HEAD TEACHER'S SIGNATURE

DATE