ADMISSION FORM

ACADEMIC SESSION: __________________________
ADMISSION FORM NUMBER: ______________________
REGISTRATION NUMBER: ________________________

FIRST ASSURED
PREMIER COLLEGE
Beside Crospil Estate, Akpabuyo, Cross River State
TEL: 0817 4380 445, 0708 8332 198

Motto: ...Creative Learning & Excellence
PUPIL’S/STUDENT’S INFORMATION

NAME________________________________________ (SURNAME)________________________________________ (OTHER NAMES)
DATE OF BIRTH__________________ PLACE OF BIRTH________________________________________ SEX________
L.G.A.: __________________________STATE OF ORIGIN: __________ NATIONALITY: __________
FATHER’S NAME: ______________________ OCCUPATION: __________________________
BUSINESS ADDRESS: __________________________TEL: __________________________
MOTHER’S NAME: __________________________OCCUPATION: __________________________
BUSINESS ADDRESS: __________________________TEL: __________________________
PARENTS’ RESIDENTIAL ADDRESS: __________________________
LAST SCHOOL: __________________________ LAST CLASS: __________________________
ADMISSION WANTED INTO: __________ ANY HEALTH PROBLEM: YES [ ] NO [ ]
IF ANY, SPECIFY:________________________________

DECLARATION

I, _______________________________________ the chief custodian and the parent/guardian of ___________________________ declare that the pieces of information given above are true. I accept to cooperate with the school in the training of my child, educationally, morally and otherwise. I also accept to pay his/her fees regularly and timely. We do accept to abide by all rules and regulations of the school.

________________________________________
SIGNATURE __________________________ DATE

ENTRANCE EXAMINATION RESULT

MATHEMATICS__________% ENGLISH__________% TOTAL SCORES__________% AVERAGE__________%

ADMITTED ON TRIAL [ ] ON A WAITING LIST NOT ADMITTED [ ]
CLASS ADMITTED INTO________________
ADMISSION NUMBER