

ADMISSION FORM

ACADEMIC SESSION: _____

ADMISSION FORM NUMBER: _____

REGISTRATION NUMBER: _____



FIRST ASSURED PREMIER COLLEGE

Beside Cropsil 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

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 OTHER WISE. I
ALSO ACCEPT TO PAY HIS/HER FEES REGULARLY AND TIMELY. WE DO ACCEPT TO ABIDE BY
ALL RULES AND REGULATIONS OF THE SCHOOL.

NAME OF PARENT

SIGNATURE

DATE

ENTRANCE EXAMINATION RESULT

MATHEMATICS _____ % ENGLISH _____ %

TOTAL SCORES _____ AVERAGE _____ %

ADMITTED ON TRIAL

ON A WAITING LIST NOT ADMITTED

CLASS ADMITTED INTO _____

ADMISSION NUMBER _____