

Applicant: (Affix Two Passports)

# Saint Annie Christian College

Obio Ndot ; Off Abak/Ikot Okoro Road, Akwa Ibom State ,Nigeria.

Contact: 234-9017875720; 8052037549 Website: www.saintanniechristianschools.com

Email: info@saintanniechristianschools.com; Admission @saintanniechristianschools.com

# Motto: Quality Education Beyond Boundaries

# ADMISSION FORM

Teller No:

Bank:

Branch:

**Teller Date:** 

1. Name : (Surname First	st);															
2. Sex: Male		Fe	ma	le [		(	Ticl	k a	s a	ppr	op	riat	e)			
3. Date of Birth (DD/MM,	/YY)	Γ			Τ											

4. Place of Birth:
5. Home Town
6. LG.A
7. Tribe:
8. State of Origin:
9. Nationality:
10. Religion
11. Church
12. Residential Address (Not P.O.Box)
13. Postal Address:

14. Class of Admission: Year of Admission	
15. Entry Qualification:	
16. Name /Address of School Last Attended:	
16 (B) Last Class:	
17. Status of Student: Day Boarder (Tick As Appropriate)	
SECTION B PARENT/GUARDIAN'S DATA	
(Passport)	
Fathers Name: (Surname First)	
1a. Profession:	

1b. Place of Work/ Business:

2. Contact Address:
3. Religion:
4. Church
5. Phones: 1.
2 2 5 (B): Email:
PASSPORT
6. Mother's Name: (Surname First)
6a. Profession:
6b. Place of Work/ Business:
7. Contact Address:

8. Religion
9. Church:
10. Phones: 1.
10. (B): Email:
11. NAMES OF GUARDIANS ALLOWED TO VISIT OR TAKE THE
CHILD FROM SCHOOL. (Attach a Passport for each)
Guardian ( A)
(aa)Name
(ab) Relationship:
(ac) Phone:1.
(ac) Phone:2. (PASSPORT A)
Res. Address:

Guardian (B)

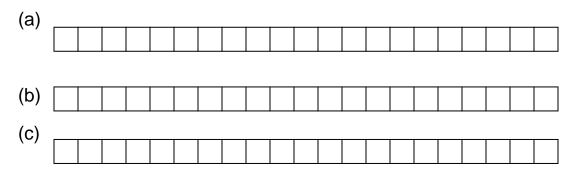
(ca)Name:
(cb)Relationship:
(cc) Phone:1.
(PASSPORT)
(ac) Phone:2.
Res. Address
SECTION C
CHILD'S MEDICAL BIO DATA
1. Blood Group:
2. Genotype:
3. Weather Allergic:
4. Food Allergic:
Drug Allergic:

5. Special Health Condition (Illness):								

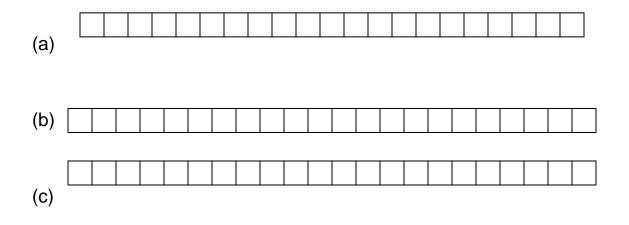
#### SECTION D

#### **CHILD'S PROPOSED PROFESSION**

1. What do you **wish** your child to be in the future? Parent/Guardian **must independently** choose in Order of Priority at least three Professions:



2. What does your child want to be in the future? (Student **must independently Chose** in Order of Priority at least three Professions:



3. Preferred area of concentration (Tick as appropriate)

a) Science	
(b) Arts	
(c) Vocational	

## SECTION E

### FOR OFFICIAL USE ONLY

## ADMISSION DATA

6. Sign [

1.	Admission Fee Draft No:
2.	Receipt No
3.	Recommended for interview? Yes NO
4.	Interview Grade: Pass Fail:
5.	Recommended by: Name

Date:

7. Class/Section Recommended for Admission:	
8. Approved by Name:	
9. Sign: Date:	
10. Veneration Number:	
11. Admission Letter Issued and Signed by:	
12. Means of Dispatch:	
DECLARATION Ihereby certify that all the statements given above are true, and agree that I may loose consideration for admission if any of the information provided is found to be false. Signed/Date:	
<u>Print</u>	
<u>Submit</u>	
Click here for Acknowledgement Page	
SACCOL 20/20	