



ST GEORGES COLLEGE

OBINOMBA

Stgeorgescollegeobinomba.org.ng

AFFIX
PASSPORT
HERE

ADMISSION FORM

KINDLY FILL THIS FORM CORRECTLY IN CAPITAL LETTERS

NAME APPLICANT _____

FIRST NAME

MIDDLE NAME

SURNAME

DATE OF BIRTH (*attach birth certificate*) _____

YEAR YOU OBTAINED/WILL OBTAIN FIRST SCHOOL LEAVING CERTIFICATE (PLEASE ATTACH COPY OF TESTIMONIAL AND FIRST SCHOOL LEAVING CERTIFICATE)

PRESENT CLASS _____

NAME OF PARENT (FATHER) _____

(MOTHER) _____

PHONE NUMBERS _____

ADDRESS OF PARENT _____

NAME OF GUARDIAN (IF OTHER THAN PARENT) _____

ADDRESS OF GUARDIAN _____

RELIGION OF PARENTS /GUARDIAN _____

DENOMINATION _____

DATE AND PLACE OF BAPTISM OF STUDENT _____

(ATTACH TWO(2)COPIES OF BAPTISMAL CARD/CERTIFICATE AND THREE(3) PHOTOGRAPH)

COMMUNICANT YES NO CONFIRMED YES NO

PRESENT PARISH/CHURCH _____

NAME OF PARISH PRIEST/PASTOR _____

HEALTH CONDITION OF STUDENT (PLEASE STATE IF YOU HAVE ANY PRE EXISTING HEALTH
CONDITION) _____

WHY DO YOU WANT TO JOIN THIS SCHOOL? _____

I _____ certify that all information given here
are to the best of my knowledge correct and if any false information is found my
application may be rejected

SIGNATURE OF APPLICANT/DATE _____

HEAD TEACHER ATTESTATION

I CERTIFY THAT MASTER/MISS _____

_____ PASSED THROUGH THIS
SCHOOL _____

(NAME OF SCHOOL)

FROM _____ TO _____

HEAD TEACHER

SCHOOL STAMP/SIGNATURE

UNDERTAKING BY PARENT/GUARDIAN

I promise to take full financial responsibility for the education of my child/ward and to cooperate with the school in all matter of discipline and integral formation without compromise throughout his/her stay in this school

NAME OF PARENT/GUARDIAN

SIGNATURE/DATE

ST. GEORGE'S COLLEGE
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DIGNE ATTENTE AC DEVOTE!

OFFICE USE ONLY.

ENTRANCE EXAMINATION FEE PAID ₦ _____

MARKS SCORED: ENGLISH STUDIES _____ MATHEMATICS _____

GENERAL STUDIES _____ ORAL INTERVIEW _____

REMARKS _____

CLASS ADMITTED INTO _____

PRINCIPALS SIGNATURE/SEAL

DATE

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