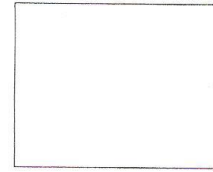




# EVANGEL HIGH SCHOOL

P.M.B 1001  
Old Umuahia  
Abia State.



## ADMISSION FORM

1. SURNAME.....

OTHER NAMES.....

2. Sex.....  M  F 3. DATE OF BIRTH.....

4. NATIONALITY..... STATE OF ORIGIN:.....

6. LOCAL GOVT. AREA:.....

7. HOME TOWN:.....

8. LANGUAGES SPOKEN:.....

9. RELIGION:.....

10. DENOMINATION:.....

11. LAST SCHOOL:.....

12. LAST CLASS PASSED:.....

13. CLASS OF ADMISSION.....

14. NAME OF FATHER/GUARDIAN:.....

15. OCCUPATION OF FATHER/GUARDIAN.....

16. NAME OF MOTHER:.....

17. OCCUPATION:.....

18. PARENTS'/GUARDIAN'S RESIDENTIAL ADDRESS:.....

PHONE NO:.....

19. RETURN THIS FORM WITH (i) TRANSFER CERTIFICATE

YES	NO
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(ii) RESULTS OF PAST EXAMS

YES	NO
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(iii) MEDICAL RESULTS

YES	NO
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(iv). 2 COLOURED PASSPORT PHOTOGRAPHS

(v). PHOTOCOPY OF THE RECEIPT RECEIVED FOR  
PURCHASE OF ADMISSION FORM.....

20. STATE ANY HEALTH PROBLEM OF THE STUDENT.....

STUDENT'S SIGNATURE

PAENT'S/GUARDIAN'S SIGNATURE

### FOR OFFICE USE ONLY

DATE OF ADMISSION.....

ADMISSION NO:.....