

SERIAL NO:

15151

DIVINE TOUCH INTERNATIONAL SCHOOL

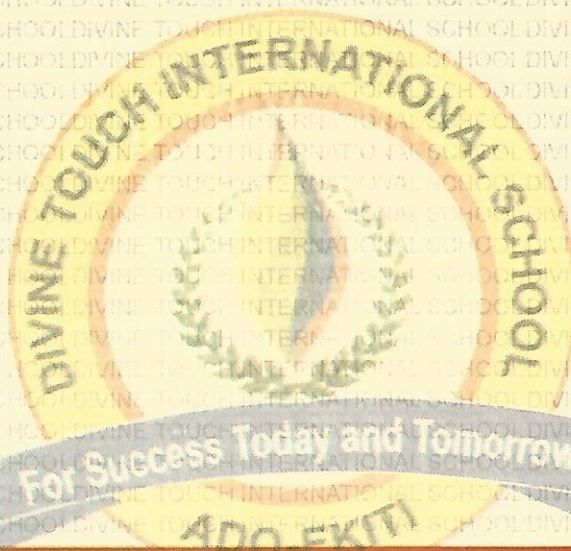
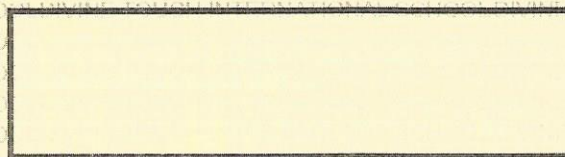
Address: Km 2, Ado Afao Road, Ado-Ekiti, Ekiti State Nigeria

Tel: +2348034881897, +2348034880796

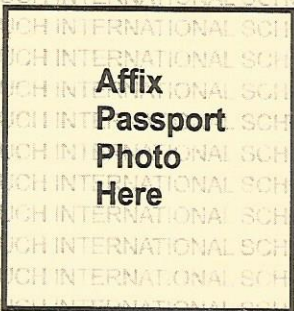
Email: divinetouchinternationalschool@gmail.com

Website: divinetouchintlschool.com

ADMISSION FORM INTO _____ 20____ /20____



(Please complete in capital letters)



Affix
Passport
Photo
Here

PERSONAL INFORMATION

THE STUDENT

Surname: _____ Other Name(s): _____

Date of Birth: _____ Place of Birth: _____

Religion: _____ Age: _____ Sex: _____

State of Origin: _____ LGA: _____ Nationality: _____

Contact Address: _____

Recent Schools Attended with dates: _____

Last Class in Previous School _____ ACADEMIC SESSION 20...../20.....

Desired Class of Entry _____ ACADEMIC SESSION 20...../20.....

Day/Boarding: Day Boarding:

PARENT/GUARDIAN INFORMATION

Name _____

Office Address: _____

Home Address: _____

Profession: _____ Email Address: _____

Relationship: _____ Telephone: No: _____

Signature: _____

Marital Status: (Tick where applicable) Married () Single Parent () Divorced ()

MEDICAL HISTORY

Blood Group _____ Genotype _____

Allergies to Medication: _____

Any other Challenges: _____

Other Remarks: _____

Preferred Examination Month: _____

Preferred Examination Centre: (Tick as Appropriate)

LAGOS

ABUJA

BENIN

ADO-EKITI

NOTES

Kindly attach the following with your Application Form:

(A) A Copy of the Student's birth certificate

(b) Three recent passport photographs with the student's name boldly written on the back

© Proof of Payment: Teller No: Cash/Receipt No:

(d) A Medical Fitness Report

FOR OFFICE USE ONLY

1. CHECKLIST

Form completed correctly 3 Passport photographs enclosed

Proof of Payment:
Teller Cash

Checked by: Name _____ Signature _____

Date: _____

2. Examination Details

Exam Centre: _____

Exam Number: _____

Exam Scores

English: _____ Mathematics: _____ General Paper _____

Total: _____ Average Mean Score: _____

Interviewer: _____ Date: _____

