

HOLY FAMILY SECONDARY SCHOOL, BORDER ROAD IKOM,CROSS RIVER STATE



ADMISSION FORM FOR 20----- / 20-----
ACADEMIC YEAR

PASSPORT

1. Candidate's Name (Surname First):
2. Date of Birth:
3. Genotype: Blood Group: Hepatitis.....
4. Name of Father/Guardian:
5. Occupation of Father/Guardian:
6. Name of Mother:
7. Occupation of Mother:
8. Address of Father/Guardian:
9. Address of Mother if different from that of Father:
10. Town and state of Origin:
11. Are you a Christian? Yes/No if No please specify:
12. If Yes,what is the name of your Christian church:
13. Name your parish:
14. Name of parish residence if different from home parish:
-
15. Are you baptized? Yes/No:.....
16. Are you confirmed? Yes/No:
17. Date and place of first holy communion:
18. Primary School attended:
19. Your present class:
20. Who will pay your fee?
21. Why do you want to be admitted into Holy Family Secondary School?.....
-
-

ATTESTATION

I, (Candidate) hereby sign that all the information given above are true, and that the school reserves the right to cancel my admission or even expel me if it is discovered now or later that any information above is false.

Name of Candidate: Name of Father/Guardian:

Candidate Signature: Father/Guardian Signature:

Date: Date: