JARSPOK INTERNATIONAL SCHOOLS

OFF G.U. AKE ROAD ELIGBOLO/ELIOZU LINK ROAD, P.H
Email: jarspokintlschl@yahoo.com, Tel: 08033693111, 07037404364, 08092776185

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MOTTO: DEUM MAGNIFICARE

REGISTRATION FORM

ATTACH 2 PASSPORT SIZE PHOTOGRAPH

(FULL, USING CAPITAL LETTERS)

1. **NAME OF CHILD/WARD:**----------
   (Surname first, write name in full)

2. **DATE OF BIRTH:**---------- **3. SEX:** Male/Female
   (Submit original and one photocopy of Birth Certificate)

4. **PLACE OF BIRTH:**----------
   (Give name of Hospital/Maternity)

5. **STATE OF ORIGIN:**----------

6. **NATIONALITY:**---------- **7. RELIGION:**----------

8. **CLASS APPLYING FOR:**
   (Please Tick in Appropriate Box)
   ☐ DAYCARE ☐ PRE-NURSERY ☐ NURSERY ☐ BASIC CLASS

9. **PARENTAL INFORMATION:**

   (i) Father's Name: ----------
   (ii) Address (Residential): ----------
   (iii) Occupation:----------
   (iv) Office Address: ----------
   (v) Telephone Number: Home:---------- Office:----------

   (b) (i) Mother's Name:----------
   (ii) Address (Residential):----------
   (iii) Occupation:----------
   (iv) Office Address: ----------
   (v) Telephone Number: Home:----------Office:----------

   (c) Does the Child live with: (i) Both Parents Yes ☐ No ☐ (ii) Father Yes ☐ No ☐
   (iii) Mother Yes ☐ No ☐ (iv) Guardian Yes ☐ No ☐

10. (a) **PARENTS/GUARDIAN'S CONTACT ADDRESS IN EMERGENCY:** ----------
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    ----------(b) Tel:----------

11. **FAMILY DOCTOR (Name and Address of Clinic)** ----------
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17. HOME ADDRESS OF GUARANTOR: .....

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18. I GUARANTEE THE APPLICANT AND ACCEPT FULL RESPONSIBILITY FOR HIS/HER BEHAVIOUR/TRAINING.

19. DOES YOUR CHILD/WARD SUFFER FROM:

(i) Epilepsy?..... (ii) Nose Bleeding?.....

(iii) Defective hearing?..... (iv) Defective eye sight?.....

(v) Sickle cell?..... (vi) Asthma?.....

(vii) Any other health problem(s)?.....

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GUARANTOR'S SIGNATURE **DATE**

N/B

(a) There will be a written test in Mathematics, English and General paper

(b) Candidates must bring to the Examination Hall the following:-

(i) The duplicate copy of application form for admission duly completed

(ii) Receipt of payment for Application Form

(iii) All examination materials; biros, ruler, mathematical set, (for senior classes) eraser and pencil.

(c) Completed application form must be submitted not later than .....

TO: THE PRINCIPAL,
JARSPOK INTERNATIONAL SCHOOLS
PORT HARCOURT.

Examination is scheduled to take place on .....

FOR OFFICE USE:

AGE:.....

(1) CLASS PROPOSED.....

(2) PERFORMANCE AT THE INTERVIEW: .....

.....

(3) ACADEMIC ADVICE: .....

.....

(4) CLASS ADMITTED: .....

Exam. Conducted by ..... Sign: .....

ADMIN OFFICER/PRINCIPAL