PECULIAR INTERNATIONAL COLLEGE

(A TOUCH OF EXCELLENCE)

Gwalandoh Rak Hwak Besides Technical College
Trade Centre Bukuru 08035646994, 08032897876

APPLICATION FORM

CHILD'S NAME (Surname First): _____

SEX: _____ RELIGION: _____

NATIONALITY: _____ STATE OF ORIGIN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LANGUAGE SPOKEN BY THE CHILD: _____

PARENT'S NAME: _____

PARENT'S OCCUPATION: _____

HOME ADDRESS & PHONE: _____

OFFICE ADDRESS & PHONE: _____

DETAILS OF CHILD PREVIOUS SCHOOL (IF ANY) : _____

RECORD OF IMMUNIZATION: _____

ANY ALLEGES: _____

DATE: _____ SIGNATURE: _____

DECLARATION:

I _____ declare that the above information is correct

Signature _____

FOR OFFICIAL USE ONLY

Date Of Entrance Examination: _____ Age Of Child: _____

Interview: _____ Class: _____ Session: _____

Registration & Fees: _____ Materials: _____

Admission No: _____ Signature: _____