+234-803-785-0511, +234-803-698-7378, +234-702-939-1479 P.O. Box 12805 Barnawa, Kaduna info@imperialschools.com

## **ADMISSION FORM**

<b>APPLICATION FOR A</b>	SESSION		
Examination Date_ Examination Centre: IMP	I ERIAL SCHO	/	Time: 8.00an

2 passports must be stamped and endorsed by the School Head

Examination DateI Time: 8.00am Examination Centre: IMPERIAL SCHOOLS			Teacher		
Full Name:	(In Block Capi	PARTICULARS OF CANDIDATE (In Block Capitals)			
Full Name:	SURNAME		OTHER NAMES		
Date of Birth:	I MM I YYYY	_ Place of Birth:	Age:_	Sex:	
Nationality:		_ City/State:	Religion: _		
Present School:				Class:	
Address:		Email:			
Name of Parent/Gu	ardian:				
Parent or Guardian'	s Address:				
		Phone:			
Occupation of Pare	nt / Guardian:	Signed (Candidate):			
I certify that the a	bove informatio	on is correct and	that the applicant is a	suitable candidate.	
Signed (Head Tead Note: This form sha		e examination roo	m as your admission ca	ard.	
		FOR OFFICE US	SE ONLY		
Entrand Maths English			Intervie Maths: English: Orals: Size:	ew Result	
PASS Overall Result:	S FAIL				