GOVERNMENT COLLEGE UMUAHIA EXAMINATION APPLICATION FORM

Application Code

Entrance Examination Registration Form

PLEASE FILL IN CAPITAL LETTERS

REQUIRED DOCUMENT

PASSPORT PHOTOGRAPH (1 copy)

IMMUNIZATION FORM

MOST RECENT REPORT

BIRTH CERTIFICATE

PERSONAL INFORMATION

The information given in this section is considered as the information of the applicant(ward).

Name (First name, Middle Name, Surname)

Date of Birth

DD   MM/YYY

Gender

Male

Female

Home Address

Country of Birth

Nationality (indicate in text box if otherwise)

Nigerian

Dual Nationality (indicate the countries, if it applies)

First Language

Language(s) spoken at home

Religion

Does your child have special needs? (emotional/physical)

Yes

No

More information on child's needs, if applicable

PREVIOUS SCHOOL

The information given in this section is considered as the information of the previous school of applicant(ward).

School Name

School Address

Email Address

Date of Entrance (into the school)

SIBLINGS INFORMATION

The information given in this section is considered as the information of the siblings of the applicant(ward).

NAME

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GENDER

Date of Birth

DD   MM/YYY

NAME

GENDER

Date of Birth

DD   MM/YYY

NAME

GENDER

Date of Birth

DD   MM/YYY

HEALTH AND MEDICALS

The information given in this section is considered as the information of the applicant(ward).

Has your child been diagnosed with any of the following: (please tick appropriate and provide details)

Asthma

Allergies

Epilepsy

Diabetes

Does your child require a medical plan?

Does your child take regular medication?

Are there any dietary restrictions?

Does your child have any physical restriction?

Does your child have any other medical issues?

Is your child immunized?

CONTACT INFORMATION

The information given in this section is considered as the information of the guardian of the applicant(ward).

Relation to Student

Title

First Name

Last Name

Email Address

Occupation

Address 1

Address 2

State

Mobile Number

House Number

Work Number

How did you hear about us?

I give permission for the students photo to appear on school portal (Yes/No)

EMERGENCY CONTACT

Name

Relationship to Ward

Contact Number

PLEASE SCAN AND SEND COMPLETED APPLICATION TO

ADMIN@GCU.SCH.NG

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