



Student's recent passport
photo

LIVING MIRACLE HIGH SCHOOL

STUDENT BIO-DATA

(WRITE IN BLOCK LETTERS)

STUDENT'S NAME

surname

first name

other names

DATE OF BIRTH CLASS..... GENDER

NATIONALITY..... STATE OF ORIGIN

RELIGION LOCAL GOVERNMENT AREA

RESIDENTIAL ADDRESS:

PARENT AND GUARDIAN INFORMATION

FULL NAME OF PARENT/GUARDIAN:

PARENT EMAIL ADDRESS:

PARENT PHONE NUMBER.....

OCCUPATION

PLACE OF WORK/BUSINESS & ADDRESS

ACADEMIC BACKGROUND

WHICH SCHOOL IS THE STUDENT TRANSFERRING FROM?

.....

WHAT WAS THE STUDENT'S LAST COMPLETED GRADE/CLASS?

CAN YOU PROVIDE PAST ACADEMIC RECORDS OR REPORT CARDS? IF YES ATTACH WITH THIS FORM.

HAS THE STUDENT EVER REPEATED A CLASS OR SKIPPED A GRADE?

HEALTH AND EMERGENCY INFORMATION

ANY KNOWN MEDICAL CONDITIONS/ALLERGIES

SPECIFY IF STUDENT IS ON ANY REGULAR MEDICATION.....

EMERGENCY CONTACT NUMBER:

DOES THE STUDENT HAVE ANY LEARNING DISABILITIES OR REQUIRE SPECIAL SUPPORT?
.....

OTHER QUESTIONS

HOW DID YOU HEAR ABOUT OUR SCHOOL?

ANY OTHER ADDITIONAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT THE STUDENT?
.....
.....

PARENT's SIGNATURE.....