

BISHOP NKWOAGU COLLEGE

Address: St Luke's Anglican Church Compound Kpirikpiri, Abakaliki, Ebonyi

e-mail: bnck2023@gmail.com

Please affix two
passport
photographs of both
pupils &
Parents/Guardian

REGISTRATION FORM

SECTION A

S/No _____

Exam No _____

Student's Personal data (in Block Letters)

1. *Name in full (Surname First)* _____
2. *Sex:* _____ *Age:* _____ *Date of Birth:* _____
3. *Home Address:* _____
4. *Town* _____ *LGA:* _____ *State of Origin:* _____ *Nationality* _____
5. *Contact Address:* _____
6. *Religion* _____ *Denomination:* _____
7. *Present School:* _____ *Present Class:* _____ *Next Class* _____
8. *Name of Last School attended* _____
9. *Any Disability:* _____
10. *Any Allergic:* _____
11. *Any Health Challenge:* _____

SECTION B

12. *Name of Parents/Guardians:* _____
13. *Occupation:* _____
14. *Contact Address:* _____
15. *Home Address:* _____
16. *Phone Number: (GSM No):* _____
17. *E-mail:* _____
18. *Religion:* _____
19. *Occupation/Profession:* _____

DECLARATION

I..... declare that the information given above is correct to the best of my knowledge. I promised to abide by all the rules and regulations as prescribed by the school.

Student's Signature

Date:.....

Parent's/Guardian's Signature

Date:.....

SECTION C

FOR OFFICIAL USE ONLY

- Name of Candidate:* _____
- Registration No:* _____
- Date of Registration:* _____
- File No:* _____
- Class of Entry:* _____
- Submitted Documents:* _____