

PAJIRO MEMORIAL SECONDARY SCHOOL

Umuachoro Itu, Ezinihitte LGA Zip Code **462110** Mbaise, Imo State Nigeria Phone: **+234(0) 7036724285**

Email: info@pajiromemorial.com.ng Website: https://pajiromemorial.com.ng



APPLICATION FOR ADMISSION

Please complete each section in **BLOCK LETTERS**

Section 1: CHILD'S PERSONAL DETAILS

| irst Name(s) | | | Father's Name | | | |
|-----------------------------------|------------------|----------------|--------------------------|------|--------|----|
| Date of Birth | | | Place of Birth | | | |
| Nationality | | | Male | | Female | |
| Address | | | | | | |
| Parents' Tel. Nr/s | | | | | | |
| Name and classes o | f next of kin al | ready attendi | ng the school | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ection 2: ACA | ADEMIC DI | ETAILS | | | | |
| | | | | | | |
| | | | | | | |
| lass in which admis | ssion is sought | : | | | | |
| | _ | | | | | |
| | _ | | | | | |
| | attended in tl | | | From | | То |
| ame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| ame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| ame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| ame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| ame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| ame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| lame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| lame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| lame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| lame(s) of school(s) | attended in tl | | tes of attendance: | | | То |
| Name of School | attended in tl | he past and da | tes of attendance: Class | | | То |
| Name of School(s) Name of School | attended in tl | he past and da | tes of attendance: Class | | | То |
| Name of School | attended in tl | he past and da | tes of attendance: Class | | | То |

| Address | | |
|---|--|--|
| Telephone Nr | | |
| Email: | | |
| Mother's Name | | |
| Profession | | |
| Address | | |
| Tel. Nr | | |
| Email: | | |
| | s of child's personality and/or health problem | |
| Section 5: D | ECLERATION | |
| understood and a and refunds. I also | the best of my knowledge, the information p gree to abide by all school rules including scho acknowledge that while the school does its b operty, the school cannot be held responsible f | ool discipline, and tuition fee paymo est to ensure the safety of each chil |
| Signature o | f Parent/ Guardian | Date |
| | | |

Section 6: ADMISSION PROCEDURE

- 1. The completed admission form along with the copies of birth and health certificates, 3 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.
- 2. After the admission from has been processed, a date is given for applicant's assessment.
- 3. Parents are informed of the outcome within given time after the written test. If a place is offered, the child's admission / enrolment must be confirmed with the payment of dues.
- 4. If, within a given time, enrolment is not confirmed, the child's place is offered to another candidate.

FOR OFFICE USE ONLY

| Form Check By | Registration Fee Paid On: |
|---------------------------------|------------------------------|
| Birth Certificate Provided Yes: | Cash |
| Photograph Provided Yes: | Or Cheque No: |
| School Leaving Certificate Yes: | Admission Fee: |
| Written Test Pass- Fail: | Tuition Fee: |
| Date: | Security Deposit |
| Child Interviewed By: | Total Cash |
| Parent Interviewed By: | |
| Acceptance / Rejection A R | |
| | Signature Accountant |
| Reason For rejection: | |
| | Signatures of Head of School |