



HORIZON EDUCATIONAL CONSULTANCY

APPLICATION FORM

Personal Information

First /given Name Ahlam
Middle Name Adem
Last /family / surname Endris Adem
Date of birth from Month /Day/ Year 05 / 05 / 2006

Parent information

Parent 1

First /given name Endris ~~Adem~~
Middle name Adem
Last /Family /Surname Adem Hassen
Father occupation _____
Father education status Graduated from collage / university
Most recent secondary school name Diamond Academy
Date of Entry to school _____
Do you graduated from this school No

Parent 2

Zemzem
Nuru
Nuru Bichane

Graduated from high / secondary school

Graduating GPA ? _____

Major you want to study Accounting , _____ , International business

Phone number +251 912 500 654 , 251 920 40 67

Email Address ahlamendris00@gmail.com

Do you have cosigner? _____

I assure that the above information is true and correct to start the application process.

Signature _____

Date 05/01/24.

