

STELLA MARIS GIRLS COLLEGE IRUEKPEN, EDO STATE
STUDENT'S PERSONAL DATA – FORM

Name: _____ Date of Birth: _____

Place of Birth: _____ Home Town: _____

Local Govt. Area: _____ State: _____ Nationality: _____

Religion: _____ Denomination: _____

Father's Name: _____ Occupation: _____

Father's Email Address: _____ Phone No: _____

Father's Business Office: _____ Phone No: _____

Father's No of Wives: _____

Father's No of Children: _____ Father Living or Dead: _____

Mother's Name: _____ Occupation: _____

Mother's Email Address: _____ Phone No: _____

Mother's Business Office: _____ Phone No: _____

Mother's No of Children: _____ Mother Living or Dead: _____

Parents separated or together: _____

Guardian's Name: _____ Occupation: _____

Guardian's Address: _____ Phone No: _____

OTHER CHILDREN OF THE FAMILY IN THE SCHOOL		STUDENT'S USUAL AILMENTS	STUDENT'S INTEREST
NAME	CLASS		