

BHS / _____ / _____ / _____

APPLICATION FORM

Date:/...../.....

Applicant's Information:

Surname _____ Other Names _____

Sex _____ Nationality _____ State of Origin _____

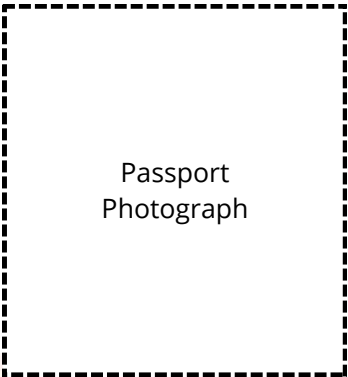
Date of Birth _____ Place of Birth _____

Last School Attended _____

Date Left the School _____ Last Class passed _____

Class into which admission is sought _____

Special Medical condition or allergy _____



Documents Needed - (1) Last academic result, where applicable; (2) Birth Certificate
(3) Two passport photographs (4) Medical Information Form

Parents' Information:

Residential Address _____

Father's Occupation _____ Employer _____

Office Address _____

Phone number(s) _____ E-Mail _____

Mother's Occupation _____ Employer _____

Office Address _____

Phone number(s) _____ E-Mail _____

Agreement: By the nature of operations of BlossomHill Schools, pictures and videos of the Learners, school buildings and equipment are regularly used in various communication and publicity efforts. Therefore, by signing off on this form, I hereby also give my consent that if my child/ward is granted admission into BlossomHill Schools, his/her image (still picture or video) may be used by BlossomHill Schools and/or her representatives, in documents and media related to the school whether they be produced as soft or hard copies.

Signature of Parent/Guardian: _____

For Official Use Only:

Date of collection of Form: _____

Date of Entrance Examination: _____

Candidate's Score and Overall Performance: _____

Recommendation: _____

Name & Signature of coordinating staff: _____

Name & Signature of Sectional Head: _____