09037346162, 08033794025
emmanuelcitadel@gmail.com
3, Oise Road, Sabongida Ora,
Owan West L.G.A., Edo State.

EMMANUEL CITADEL OF LEARNING

Knowledge And Creativity

ADMISSION FORM

(PLEASE WRITE IN CAPITAL LETTERS)

PASSPORT PHOTOGRAPH

STUDENT/APPLICANT'S INFORMATION

SURNAME: _____ FIRST NAME: _____ OTHER NAME: _____

SEX: _____ DATE OF BIRTH: DAY ☐ MONTH ☐ YEAR ☐

STATE OF ORIGIN: _____ NATIONALITY: _____

PARENT'S INFORMATION/FATHER

TITLE: _____ SURNAME: _____ FIRST NAME: _____

OCCUPATION: _____ RESIDENTIAL ADDRESS: _____

VALID E-MAIL ADDRESS: _____ PHONE NO(S): _____

EMPLOYER/COMPANY NAME: _____

PARENT'S INFORMATION/MOTHER

TITLE: _____ SURNAME: _____ FIRST NAME: _____

OCCUPATION: _____ RESIDENTIAL ADDRESS: _____

VALID E-MAIL ADDRESS: _____ PHONE NO(S): _____

EMPLOYER/COMPANY NAME: _____

CURRENT SCHOOL INFORMATION

NAME OF SCHOOL: _____

LOCATION (TOWN/STATE): _____ CURRENT CLASS: _____

EXAM BATCH: _____ EXAM CENTRE: _____

HOW DID YOU HEAR ABOUT EMMANUEL CITADEL OF LEARNING?

- ☐ Flyer/Newspaper Advert/News
- ☐ Competitions
- ☐ Current Parent of Emmanuel Citadel
- ☐ Through a Current Parent/Staff/Student
- ☐ Social Media or Internet Advert/News
- ☐ Through my Child's Primary School/Teacher
- ☐ I'm an Emmanuel Citadel Parent
- ☐ Other... (please specify) _____

_____ Parent's Signature & Date

_____ Student's Signature & Date

THIS FORM SHOULD BE SUBMITTED WITH:

- Birth Certificate/International Passport Datapage
- One(1) Passport Photograph
- Most Recent Result from Current School
- NIN Slip