GOLDEN HEIGHTS COLLEGE
2017/2018 APPLICATION FORM

APPLICANT'S DETAILS				Passport photograph
First Name:		Middle name:		
Last/Family Name:		Course:		
State of Origin:		Sex:		
Date of Birth:		LGA:		
Nationality:		Home Town:		
Religion:		Email:		
Type:	☐ Day ☐ Boarding			
Name and address of present school				
Last Class:		School Phone no.:		

FATHER'S DETAILS		MOTHER'S DETAILS	
Title:		Title:	
First Name:		First Name:	
Last Name :		Last Name:	
Home Phone No. :		Home Phone No.:	
Mobile Phone No. :		Mobile Phone No.:	
Email:		Email:	
Contact Address:		Contact Address:	
Mailing Address:		Mailing Address:	
Employer:		Employer:	
Occupation:		Occupation:	
Business Address :		Bussiness Address:	

PROGRAM OF CHOICE

Please choose one

- ☐ CAMBRIDGE ADVANCED LEVEL (A'LEVEL) (ONE YEAR)
- ☐ IGCSE
- ☐ UNIVERSITY FOUNDATION (ONE YEAR)
- ☐ PRE-MEDICAL (ONE YEAR)
- ☐ PATHWAY TO UNIVERSITY OF DEBRECEN, HUNGARY
- ☐ PRE-DEGREE (TO 200 LEVEL IN NIGERIA)

WHICH COUNTRY WOULD YOU WANT TO STUDY AFTER YOUR PROGRAM IN GHC

- ☐ NIGERIA (YEAR 2, BY DIRECT ENTRY)
- ☐ UK
- ☐ USA
- ☐ CANADA
- ☐ UNIVERSITY OF DEBRECEN, HUNGARY
- ☐ MEDICAL UNIVERSITY IN SOUTH AMERICA

CHOICE OF COURSE (e.g. Law, Mechanical Engineering) ……
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HOW DID YOU HEAR ABOUT US?

- ☐ FACEBOOK
- ☐ GOOGLE ADS
- ☐ FRIENDS
- ☐ SCHOOL (Name of school)……
  ……
- ☐ OTHERS (Please specify) …….

PERSONAL (HEALTH) DATA

NAME : _____.

PARENTS /GUARDIAN'S NAME: _____.

HOME ADDRESS: _____.

PARENTS' PHONE NUMBER: _____.

PARENTS' OFFICE ADDRESS: _____.

E MAIL ADDRESS _____.

HEALTH STATUS

GENOTYPE ☐ AA ☐ AS ☐ SS ☐ SC

BLOOD GROUP ☐ A+ ☐ O+ ☐ O- ☐ A- ☐ AB

HEALTH CHALLENGE (TICK AS APPLICABLE)

☐ ASTHMA

☐ BRAIN SEIZURE

☐ ULCER

☐ MALARIA

☐ TYPHOID

☐ OTHER (PLEASE SPECIFY) _____.

For office use only

Verification of documents:

O'level result	
International passport data page	
2 passport photographs	
Application fee, #10,000	
Birth Certificate	