

# GLOVIC GROUP OF SCHOOLS

13 IYOKA STREET, BEHIND BENDEL BREWERIES

P.O BOX 12010

IKPOBA HILL, BENIN CITY, EDO STATE

## APPLICATION FORM

Fix  
a  
Passport

FORM NO:.....

RECEIPT NO:.....

Day care .....   
Nursery .....   
Primary .....

Junior Secondary .....   
Senior Secondary .....

(indicate your class of study on the dotted line and mark the corresponding box)

### 1. Personal Data

- (a) Name:..... (Surname first).....  
(b) Home/Postal address:.....  
(c) Date of Birth:..... (d) Sex:.....  
(e) Nationality:..... (f) State Of Origin:.....  
(g) LGA:..... (h) Home town:.....

### 2. Parents data

#### Father

- (a) Father's name:.....  
(b) Occupation:..... (c) Tel No:.....  
(d) Nationality:..... (e) State Of Origin:.....  
(f) LGA:..... (g) Home Town:.....  
(h) Home/Postal Address:.....

#### Mother

- (a) Mother's name:.....  
(b) Occupation:..... (c) Tel No:.....  
(d) Nationality:..... (e) State Of Origin:.....  
(f) LGA:..... (g) Home Town:.....  
(h) Home/Postal Address:.....

### 3. Previous School Attended With Date

Name of school	From	To

### 4. Declaration

I ..... declare that the information given above are to the best of my knowledge complete and accurate. I will accept as final decision of the admission officer with regard to my subject of study and placement.

Date:..... Signature:.....

Attestation: I hereby confirm that the applicant is known to me. The information in his/her form is true to the best of my knowledge. The attached photograph endorsed by me is a true resemblance of the applicant.

Full Name:.....

Contact address:.....