



# DIOCESAN EDUCATION CENTRE

*MOTTO: Knowledge and Light*

No. 5 Nzimiro Street, Amadi Flats. Port Harcourt. Rivers State - Nigeria.

Phone: \_\_\_\_\_

AFFIX A RECENT  
PASSPORT  
PHOTOGRAPH OF  
PUPIL HERE

## ADMISSION FORM (SECONDARY SCHOOL)

**INSTRUCTION:** COMPLETE THE FORM IN BLOCK LETTERS  
FORM NUMBER/SESSION \_\_\_\_\_

### *PUPIL'S INFORMATION:*

Name: \_\_\_\_\_  
SURENAME FIRSTNAME MIDDLENAME

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

LGA. of Origin: \_\_\_\_\_ State of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Previous Class: \_\_\_\_\_

Previous School: \_\_\_\_\_ Present Class: \_\_\_\_\_

### MEDICAL INFORMATION:

1. Has the child be immunized against Whooping  
Cough ☐ Polio ☐ Measles ☐ Tetanus ☐

2. Is the child handicapped\_\_\_\_? If yes. please  
indicate \_\_\_\_\_

1. Is the child allergic to any food\_\_\_\_? If yes. please  
indicate \_\_\_\_\_

4. In case of emergency. please indicate your family  
Hospital \_\_\_\_\_

5. If there is any history of the child that would be useful  
to us. please indicate: \_\_\_\_\_

### *PARENT/GUARDIAN INFORMATION:*

Name: \_\_\_\_\_ Relationship with Students: \_\_\_\_\_  
SURENAME FIRSTNAME

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Office Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### *PARENT / GUARDIAN ATTESTATION:*

I, \_\_\_\_\_ hereby certify that all information given above are true  
and that I shall be responsible for the financial obligations pertaining to the students curricular and non-curricular activities in  
the school.

\_\_\_\_\_  
Parent / Guardian Signature and Date

Receipt No. \_\_\_\_\_ FOR OFFICE USE ONLY  
Date of Admission: \_\_\_\_\_

Name of Issuing Officer: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
*Official Stamp*