**DOMIABRA METHODIST ‘2’ BASIC SCHOOL**

**AFFIX**

**PICTURE**

**HERE**

**ADMISSION FORM**

**FOR OFFICE USE ONLY**

ADMISSION NO.:..................................CLASS:..................DATE OF ADMISSION:.....................

**COMPLETE THIS FORM AND RETURN IT TO THE HEADTEACHER**

1. Surname..................................................................................................................................
2. Other Names...........................................................................................................................
3. Date of Birth..................................Place of Birth...........................................Sex..................
4. Hometown...........................................................Nationality.................................................
5. Religion.............................................................Languages Spoken.......................................
6. Former School........................................................................................................................
7. Previous Class.......................................................Next Class................................................
8. State Health Problem if any...................................................................................................
9. Name of Parent/Guardian.......................................................................................................
10. Relationship............................................................................................................................
11. Address of Parent/Guardian...................................................................................................

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1. Telephone No.........................................................................................................................
2. Occupation...........................................................Residence..................................................

**Signature of Parent/Guardian Name of Headteacher**

................................................... .....................................................

Signature.......................................

**REQUIREMENTS: THIRD TERM TERMINAL REPORTS**

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