



HOSANNA INTERNATIONAL COLLEGE

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ENTRANCE ADMISSION FORM

ACADEMIC YEAR

EAF/OL/

PASSPORT
PHOTOGRAPH

PLEASE FILL IN CAPITAL LETTERS

NAME

SURNAME

FIRST NAME

OTHER NAME

DATE OF BIRTH

(Please attach proof)

GENDER

PLACE OF BIRTH

NATIONALITY

STATE OF ORIGIN

LOCAL GOVT (OF ORIGIN)

RELIGION

NAME OF PARENTS/GUARDIAN

OCCUPATION OF PARENTS/GUARDIAN

ADDRESS

PHONE NO

E-MAIL

PRIMARY SCHOOL ATTENDED

PRESENT CLASS

PARENT'S SIGNATURE

DATE

HEADTEACHER'S SIGNATURE & STAMP

NOTE:

Completed Admission Form should be returned not later than two weeks before Examination.

ENTRANCE EXAMINATION Scheduled _____ Time _____

FOR OFFICIAL USE ONLY

Score _____

Remarks _____