IMMACULATE CONCEPTION COLLEGE, BENIN CITY.

P E R S O N A L D A T A

SECTION A:*(TO BE FILLED IN BY PARENT)*

SURNAME:……

MIDDLE NAME:……...

FIRST NAME:……

DATE OF BIRTH:……..……..……

NAME OF PARENT OR GUARDIAN:……..……

ADDRESS OF PARENT OR GUARDIAN:……..……

LOCAL GOVT. AREA:…… STATE:…….…….

RELIGION:……

PREVIOUS SCHOOL:……...

CLASS PASSED AT PREVIOUS SCHOOL:……..……..

CONTACT ADDRESS:……...…..…

……..

E-MAIL ADDRESS:……..…….

PHONE NUMBER:……

SIGNATURE:…….…….. DATE:……...……...……...

SECTION B: HOME BACKGROUND INFORMATION

NAME OF FATHER:……..……

PLACE OF BIRTH:…….

STATE OF ORIGIN:……...

HOME TOWN:……

HIGHEST QUALIFICATION:……...

PROFESSION:…….

STATUS AND RANK:……

PLACE OF WORK:…….

DEPARTMENT/OFFICE:……...

PERMANENT HOME ADDRESS:……

……..

MOTHER'SNAME:……...……

PLACEOF BIRTH:…….……

STATE OF ORIGIN:…….…….. L.G.A:…….……..

HOME TOWN:…… RELIGION:……...……...…….

HIGHEST QUALIFICATION:…….…….……...…….....

STATUS/RANK:……....

PLACE OF WORK:…….……

DEPARTMENT/OFFICE:……...

PROFESSION:…….

HOME ADDRESS:……..

PHONE NUMBER:……

WHO IS RESPONSIBLE FOR THE CHILD'S SCHOOL FEES?.....

IS THERE A GUARDIAN WHO CAN BE CALLED IN THE EVENT OF AN EMERGENCY?

NAME:…….

ADDRESS:……..

PHONE:…….....