



GREEN PARK ACADEMY

MONTESSORI *NURSERY *PRIMARY *SECONDARY SCHOOL

MOTTO: EXCELLENCE

31, Benin Auchu Road, Opp College Road Aduwawa Quarters, Benin City.

Tel: +234-8035762042



STUDENT'S APPLICATION FORM

1. NAME: _____

2. CLASS: _____ DATE OF BIRTH: _____

3. STATE OF ORIGIN: _____ L.G.A: _____

4. SEX: _____ RELIGION: _____

5. CONTACT ADDRESS: _____

6. PHONE NUMBER: _____

7. PREVIOUS SCHOOL ATTENDED AND REASON FOR LEAVING: _____

8. WHAT IS YOUR BLOOD GROUP: _____ GENOTYPE: _____

ANY DEFORMITY: YES NO

9. HOBBIES: _____

10. DO YOU LIVE WITH YOUR PARENTS?: YES NO

11. WHAT IS YOUR POSITION IN THE FAMILY?: _____

12. NAME AND ADDRESS OF PARENTS/GUARDIAN?: _____

13. UNDERTAKING: _____

(Full Name of Student)

Hereby pledge to be of Good behaviour, that I shall not be involved in any form of unscholarly behaviour, and shall abide by the rules and regulations of GREEN PARK ACADEMY. And any misconduct on my part should be visited with the punishment it deserves by the school Authority.

Parents/Guardian's Sign & Date

Pupil's/Student's Sign & Date

Principals Sign & Date