

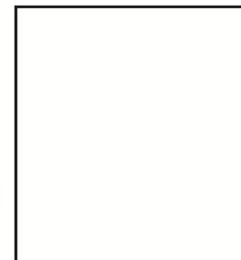


# FEDERAL UNIVERSITY LOKOJA STAFF SCHOOL

Adankolo Campus, Behind Kogi State Specialist Hospital, Lokoja

**E-mail:** info@fulokojastaffschool.edu.ng

**Motto:** Sic itur ad astra



Passport (3)

S/N: FULSS/01/NP/2021

## APPLICATION FOR ENROLMENT

### PARTICULARS OF PUPIL

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ LGA: \_\_\_\_\_

NAME OF PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

CLASS OF ADMISSION: \_\_\_\_\_

RELIGION: \_\_\_\_\_

### PARTICULARS OF PARENTS

#### Father

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CONTACT NUMBER (In Case of Emergency): \_\_\_\_\_

RELIGION (Denomination/Branch): \_\_\_\_\_

#### Mother

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CONTACT NUMBER (In Case of Emergency): \_\_\_\_\_

RELIGION (Denomination/Branch): \_\_\_\_\_

HAS YOUR CHILD COMPLETED ALL UNDER 5 INOCULATIONS? \_\_\_\_\_

HAS YOUR CHILD ANY HEALTH CHALLENGES OF SPECIAL ATTENTION? \_\_\_\_\_

HOSPITAL/PHYSICIAN THAT ATTENDS TO YOUR CHILD: \_\_\_\_\_

SIGNATURE OF PARENTS/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

RECOMMENDATION: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Attach 3 (three) passport Photographs, Photocopy of Birth Certificate and Immunization taken with dates (Creche & Nursery) only.