



MASTERCARE INTERNATIONAL SCHOOL, ASABA, DELTA STATE

APPLICATION FORM

FORM NUMBER _____

GRADE _____

20__/20__

Nursery						Primary						Secondary			
Crèche	Play-Class	Pre-Sch.	KG1	KG2	Reception	1	2	3	4	5	6	7	8	10	11

Advanced Level				Vocational Institute			
Course							
Subjects							

1 STUDENT PERSONAL DATA

SURNAME: _____

FIRST NAMES: _____ OTHER NAMES: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

NATIONALITY: _____ RELIGION: _____ DENOMINATION: _____

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

RESIDENTIAL ADDRESS: _____

PHONE NO: _____ EMAIL: _____

2 FAMILY INFORMATION

FATHER'S NAME: _____

OCCUPATION: _____

PLACE OF WORK: _____

OFFICE PHONE NO: _____ CELL PHONE: _____

RELIGION: _____ e-mail _____

MOTHER'S NAME: _____

OCCUPATION: _____

PLACE OF WORK: _____

OFFICE PHONE NO: _____ CELL PHONE: _____

RELIGION: _____ e-mail _____

PARENT'S MARITAL STATUS: (Tick) MARRIED DIVORCED SEPERATED

BIRTH ORDER (Position in family) _____ FAMILY SIZE _____



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3 PRESENT SCHOOL RECORD

SCHOOL'S NAME: _____

HAS YOUR CHILD EXPERIENCED DISCIPLINARY OR BEHAVIOURAL PROBLEM AT SCHOOL? _____

IF YES, EXPLAIN: _____

DOES YOUR CHILD HAVE CONCENTRATION PROBLEM AT SCHOOL? _____

IF YES, EXPLAIN: _____

DOES YOUR CHILD STRUGGLE WITH READING AND COMPREHENSION? _____

IF YES, IS A REMEDIAL PROGRAMME BEING FOLLOWED? EXPLAIN

WHAT CLASS IS YOUR CHILD CURRENTLY IN _____

PLEASE INDICATE ACADEMIC LEVEL OF YOUR CHILD'S PREVIOUS WORK:

EXCELLENT GOOD AVERAGE POOR

HAS YOUR CHILD EVER FAILED A YEAR IN SCHOOL? _____

IF YES EXPLAIN: _____

4 Public Relation

How did you get to know about MasterCare?

Facebook <input type="checkbox"/>	Channels Sunrise Daily <input type="checkbox"/>	NTA Port Harcourt <input type="checkbox"/>	NTA Asaba <input type="checkbox"/>
Google <input type="checkbox"/>	Channels Politics Today <input type="checkbox"/>	NTA Onitsha <input type="checkbox"/>	DRTV Warri <input type="checkbox"/>
Edusko <input type="checkbox"/>	Channels Mid news <input type="checkbox"/>	Bulletin placement <input type="checkbox"/>	Bill Board <input type="checkbox"/>
e-mail <input type="checkbox"/>	Vanguard Newspaper <input type="checkbox"/>	Punch Newspaper <input type="checkbox"/>	

Others please specify: _____

What motivates your interest in MasterCare? _____

FATHER'S SIGN _____

MOTHER'S SIGN _____

(FOR OFFICIAL USE)

I hereby recommend _____ for admission into _____, subject to the terms of the Admission policy

Admission officer
Sign & Date