



# NOSAKHARE MODEL EDUCATION CENTRE

148, UPPER MISSION ROAD,  
OPPOSITE PAYNE PRIMARY SCHOOL,  
P. O. BOX 7862,  
BENIN CITY.

Phone: 052-250601



## Elementary School Admission Form

No. 2934

Year:.....

Admission No.....

1. Name of Applicant:.....
2. Date of Birth:.....
3. Sex:.....
4. Birth Certificate Issued By : .....
- ..... Registration No:.....
5. Age Last Birthday:.....
6. Name of Father : .....
- ..... Name of Mother : .....
7. Father's Occupation:.....
- ..... Mother's Occupation:.....
8. Postal Address:.....
- .....
9. Home Address & Telephone No:.....
- .....
10. Business Address & Telephone No:.....
- ..... Email Address:.....
11. School Last Attended : .....
- .....
12. Present Class : .....
13. Class For Which Placement is Required : .....
14. Transfer Certificate (if any):.....
15. Signature of Parents : .....

Date.....

Thank You.

NB: Applicants to KG 3 - Primary 5 will be examined before placement.