

NOSAKHARE MODEL EDUCATION CENTRE

148 UPPER MISSION ROAD BENIN CITY

ONLINE REGISTRATION FORM

PASSPORT

INSTRUCTION: ALL INFORMATION SHOULD BE FILLED IN CAPITAL LETTERS

SURNAME:

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH:

GENDER:

STATE OF ORIGIN:

L.G.A:

SECTION:

PARENT/GUARDIAN'S NAME:

PARENT/GUARDIAN PHONE NUMBER:

STUDENT'S MOBILE NUMBER:

HOME PHONE NUMBER:

HOME ADDRESS:

E-MAIL ADDRESS:

PRESENT CLASS:

YEAR ADMITTED:

I.....HEREBY DECLARE THAT ALL THE INFORMATION SUPPLIED IN THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT