

**CENTRE FOR LIFE-LONG LEARNING
APPLICATION FORM FOR ADMISSION TO O'LEVEL**



1. SURNAME.....
2. OTHER NAMES..... SEX
3. DATE OF BIRTH.....RELIGION.....
4. HOME DISTRICT.....
5. CURRENT RESIDENTIAL AREA.....
 - I) VILLAGE.....
 - II) LC1.....
6. HOME ADDRESS
 - I) P.O.BOX.....
 - II) TEL. No.....
 - III) PHYSICAL LOCATION.....
7. PARENTS'/ GUARDIAN'S NAME;
 - I) FATHER'S NAME OCCUPATION TEL
 - II) MOTHER'S NAME..... OCCUPATION..... TEL
 - III) GUARDIAN'S NAME..... OCCUPATION..... TEL.....IN CASE OF A GUARDIAN, WHAT IS THE RELATIONSHIP?
8. NUMBER OF CHILDREN IN THE FAMILY?.....
9. POSITION IN THE FAMILY.....
10. EDUCATIONAL BACKGROUND:
 - I) FORMER SCHOOL.....
 - II) INDEX NUMBER.....
 - III) GRADES OBTAINED:
 1. MATHEMATICS.....
 2. ENGLISH
 3. SCIENCE
 4. S.S.TTOTAL AGGRREGATES..... DIVISION.....
- NB. All terminal reports (where applicable) of last school attended should be enclosed together with the head teacher's recommendation.
11. CLASS TO WHICH ADMISSION IS SOUGHT
12. APPLIED FOR I) BOARDING II) DAY
13. HOBBIES.....
14. DO YOU HAVE ANY MEDICAL PROBLEMS? (A medical doctor should verify these problems).....
15. I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE. I HERE BY UNDERTAKE TO ABIDE BY THE SCHOOL RULES, REGULATIONS AND BY LAWS IF ADMITTED.
16. APPLICANT'S NAME.....
17. PARENT'S SIGNATURE.....

NOTE: ALL APPLICATION FORMS SHOULD BE ACCOMPANIED BY A RECOMMENDATION, PASSLIPS (S.1 OR S.4) AND REPORT FORMS FROM THE FORMER SCHOOL. Parents are encouraged to equip their children with basic text books. At least 1 copy for each academic subject is recommended.