DIOCESAN CATHOLIC SECRETARIAT



EDUCATION DEPARTMENT

P.M.B 5021, AWKA

APPLICATION FOR ADMISSION



Passport

ROSA MYSTICA HIGH SCHOOL, AGULU

Email: ghsagulu@gmail.com Website: www.rmhsagulu.com.ng

CANDIDATE INFORMATION
1. NAME:
2. HOME TOWN: L.G.A
3. RELIGION:
4. DENOMINATION:
6. PREVIOUS CLASS:
7. AGGREGATE SCORE:————————————————————————————————————
8. CLASS TO BE ADMITTED INTO:
9. DAY STUDENT OR A BOARDER?:
10. CONFIRMED AND SIGNED BY H/M:
SCHOOL STAMP AND DATE:
11. DO YOU HAVE ANY HEALTH PROBLEMS? (YES/NO):
12. IF YES, GIVE THE NATURE OF THE PROBLEM:
PARENT/GUARDIAN INFORMATION
13. NAME OF PARENTS/GUARDIAN:
14. RESIDENTIAL ADDRESS OF PARENTS/GUARDIAN:
Phone:
15. Attestation by Parents/Guardian: Ihereby attest to my child's/ ward's good character and her readiness to comply strictly with the school's code of conduct and discipline. I am ready and willing to assist the school in her development projects.
Signature of Parents/Guardian:Date:
16. Parish Priest / Pastor attestation of candidate's character/Recommendation:
Name of Parish Priest / Pastor Recommending:
Parish: Date: Phone:
NB: Date for interview would be in our school news. This form should be returned before or on the day of entrance examination. No candidate who fails to submit (except with our permission) will be allowed to take the Examination neither will she be refunded any payment previously made. NO ADMISSION INTO THE HALL WITHOUT THIS SLIP.
FOR OFFICE USE
INTERVIEW:
CLASS PLACED IN:
SIGNATURE AND STAMP OF PRINCIPAL:
MANAGER'S NAME AND SIGNATURE:

Complete and return the form immediately with or without the Common Entrance Score. For more information, contact 08039470498, 08064180744, 08034548128, 08131377023