

# Zamani College

1 Waziri Maccido Road, P.O. Box 7399, Kaduna ☎ : 0805-6480340, 0703 – 5682002.

## ADMISSION EXAMINATION INTO SS1

Surname ..... Date of Birth .....

Other names .....

Residential Address .....

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Name of Parent/Guardian .....

Postal Address.....

.....

Telephone ..... Email .....

Is there now or has there been in the past a sibling in the school? If so, please give name and date when older sibling left.....

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Name and address of present Secondary School .....

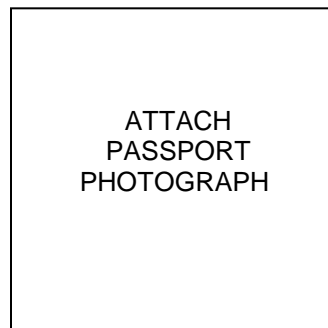
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Present Class.....

TO BE COMPLETED BY PRINCIPAL OF PRESENT SCHOOL (Please check date of birth and present class.)

**CERTIFICATION:** I certify that the information given is correct and that the attached photograph is a true likeness of the candidate



Signature.....

Name.....

School Stamp.....

KINDLY RETURN THIS FORM TO ZAMANI COLLEGE WITH EXAM FEE OF ₦.....

*Please submit with a photocopy each of the candidate's birth certificate, JS1, 2 & 3 reports*