

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

ADMISSION EXAMINATION INTO JS1

Surname Date of Birth

Other names

Residential Address

.....

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 Primary School

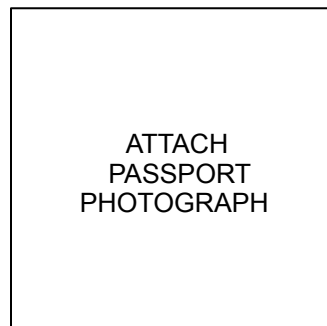
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Present Class.....

TO BE COMPLETED BY HEAD TEACHER 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, last session's Term 3 report and this session's Term 2 report.