

Zamani College

1 Waziri Maccido Road, P. O. Box 7399, Kaduna. ☎:0805 648 0340, 0703 568 2002.

ADMISSION EXAMINATION INTO JS1

Surname Date of Birth

Other names

Residential Address

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Name of Parent/Guardian

Office Address.....

.....

Telephone Email

Is there now or has there been in the past a sibling in the school? If so, please give name and class of any current student(s) or leaving date of past student(s).....

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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 confirm 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 ₦8,000.00.

Please submit with a photocopy each of the candidate's birth certificate, last session's Primary 5 Term 3 report and this session's Primary 6 Term 1 or 2 report.