

Zamani College

P.O. Box 7399, Kaduna, Nigeria. ☎: 0805-6480340
Email: info@zamanicollege.com

Attach recent
passport photograph

INTO NCUK IFY PROGRAMME

Surname Date of Birth

Other names in full Nationality

Sex Religion Proposed Date of Entry.....

Telephone E-mail.....

Residential Address (not P.O. Box).....

.....

Proposed course/career.....

Preferred subject modules.....

Name and address of Secondary School

.....

Documents to be photocopied and submitted with this application form:

- | | |
|-----------------------------------|---|
| 1. Birth Certificate | 4. SSCE Mock result |
| 2. JSCE Statement of Results | 5. School testimonial |
| 3. Term 3 reports for SS1 and SS2 | 6. WAEC WASSCE/GCE O Level/NECO SSCE result |

Father's Name Occupation

Telephone Email

Mother's Name Occupation

Telephone Email

Residential Address (if different from student's address).....

.....

Office Address of Father/Mother

.....

Guardian's Name and Address (if parents not resident in Kaduna)

.....

Telephone Email

I hereby apply for the admission of
to Zamani College for the NCUK International Foundation Year programme.

If my child is offered a place which I accept, this will result in there being an agreement between myself and the College on the following terms:

1. **That I will:**
 - i. Pay the entry term's fees and all subsequent fees on or before the date specified by the College.
 - ii. Give the College in writing notice of intention to withdraw my child before completion of his/her course.
 - iii. As a parent support the academic and disciplinary policies of Zamani College.
2. **That the Principal may on behalf of the College require my child to withdraw from the College if this is considered necessary and I acknowledge that I shall not be entitled to any rebate of fees.**

Name Relationship to Student

Signature Date

Medical Treatment Release Form

Student's Name

Does the student suffer from any disease, allergy or disability?

If so, please give full details

.....

.....

.....

Has he/she been treated by a doctor in the last two years?

If so, what was he/she treated for?

Has the student been admitted to hospital or undergone any operation in the last 5 years?

If so, please give details

.....

.....

.....

Name and Address of Family Doctor/Clinic in Kaduna

.....

Student's Clinic Registration No.....

I understand that in the event of illness or accident the College will make all reasonable efforts to contact me or, alternatively, to take the child to the doctor/clinic specified above. If for any reason neither course of action is possible, the College shall make all necessary arrangements for my child to receive medical attention for which I shall be financially responsible.

Name Relationship to Student

Signature GSM Nos.

Date

Dear Parent/Student,

Please assist us in knowing how you learnt about the NCUK International Foundation Year at Zamani College.

Kindly tick whichever of the following applies.

School Visit	UK Education Fair
Newspaper Advert	Friend's Recommendation
Television/Radio	Ex-Zamani student
Any other (please explain)	
.....	

Name GSM No