

APPLICATION FORM

SECONDARY SCHOOL

www.cdmacademy.org

AFFIX PASSPORT
PHOTOGRAPH

Name: _____

No: _____

Date: _____



Akuhwa Gong Estate, Mkar,
P.O.Box 817, Gboko, Benue State,
Nigeria.

◆ **Motto: Discipleship & Excellence**

NOTE

Your application for a place at **CDM ACADEMY INTERNATIONAL** must be completed and returned to the School within the shortest possible time. Application fee: N5,000.00 (Five Thousand Naira) only.

01 STUDENT'S DETAILS

Surname: _____

First name(s): _____

Address: _____

Date of birth: _____ Post code: _____

Nationality: _____ State of origin: _____

Local Government: _____ Religion: _____

Grade applying for: _____

Do you have a special educational, medical, or other need? Yes No

If so, give details below. If space provided is not adequate, please continue on a separate sheet. You must also attach supporting evidence from a recognized professional if applicable.

02 PARENT/GUARDIAN'S DETAILS

Full name of Parent/Guardian: _____

Address (if different from above): _____

_____ Post code: _____

Occupation: _____ Office Tel. No: _____

Home Tel No: _____ Mobile Tel. No. _____

E-mail address: _____

Relationship to student: _____

Do you have legal responsibility towards this student? Yes No

03 OTHER SIBLINGS AT THE SCHOOL

If you have a sibling already in this school, please give details; (a sibling is defined as a child of a family sharing the same parents by birth or by adoption)

- a. Full name: _____
Grade: _____
- b. Full name: _____
Grade: _____
- c. Full name: _____
Grade: _____

04 IN THE ABSENCE OF PARENTS, NAME TWO OTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY

- a. Full name: _____
Address: _____
Phone No. _____
- b. Full name: _____
Address: _____
Phone No: _____

05 MEDICAL HISTORY

Family Hospital : _____

Address of Doctor: _____

Doctors Phone No: _____

Do you have any physical or medical disability? Yes No

If yes attach details of doctors report to this application.

Do you agree that the school can administer medication through its medical doctor when needed? Yes No

06 ETHNIC BACKGROUND

Please, study the list below and tick one box only to indicate your background.

- | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|
| White - British/European | <input type="checkbox"/> | Black - Caribbean Heritage | <input type="checkbox"/> |
| Black - African Heritage | <input type="checkbox"/> | Black - Other | <input type="checkbox"/> |
| India | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Any other minority group | <input type="checkbox"/> | | |

(Please specify) _____

07 STUDENT DECLARATION

Have you been charged and disciplined for violation of instructions at any educational institution you have attended (whether related to academic or behavioural misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from school)?

Yes No

If you are applying for a place in Senior Secondary, indicate whether you are a student of the following: Sciences Arts Commercial

I promise to abide by the rules and regulations of the school as stated in the School's Manual

Signature

Date

08 PARENT'S DECLARATION

- If admitted, I am willing and undertake to help my child/ward to adhere to the school's Christian doctrines.
- The information given in this form, to the best of my understanding, is correct. I consent that the offer of a place may be withdrawn if information in this application contains a fraudulent or misleading information.

Parent/Guardian Name: _____

Signature (Parent/Guardian)

Date