



TOWER OF IVORY SCHOOLS

EDIENE ABAK

P.M.B 1151, ABAK

PHONE NO: 07082409030,08121906058

E-MAIL ADDRESS: admission@towerschools.com.ng

AFFIX PASSPORT
PHOTOGRAPH
HERE

ADMISSION FORM

1. SURNAME OF STUDENT(IN BLOCK LETTERS):.....
2. OTHER NAMES(IN BLOCK LETTERS):.....
3. SEX:..... DATE OF BIRTH:.....
4. PLACE OF BIRTH:.....
5. NATIONALITY:.....
6. RELIGION:.....
7. LOCAL GOVT. OF ORIGIN:.....
8. CITY OF ORIGIN:..... STATE OF ORIGIN:.....
9. RESIDENTIAL ADDRESS:.....
10. CORRESPONDENCE ADDRESS:.....
11. CLASS FOR WHICH ADMISSION SOUGHT:.....
12. LAST SCHOOL ATTENDED:.....
13. LAST CLASS ATTENDED:.....
14. YEAR OF ADMISSION:.....
15. CERTIFICATE OBTAINED:.....
16. FATHER'S NAME:.....
 - a. ADDRESS:.....

- b. OCCUPATION:.....
- c. OFFICE ADDRESS:.....
- d. PHONE NO:.....

17. MOTHER'S NAME:.....

- a. ADDRESS:.....
- b. OCCUPATION:.....
- c. OFFICE ADDRESS:.....
- d. PHONE NO:..... E-MAIL:.....

18. NAME OF SPONSOR:.....

- a. ADDRESS:.....
- b. OCCUPATION:..... RELATIONSHIP:.....
- c. OFFICE ADDRESS:.....
- d. PHONE NO:..... E-MAIL:.....

19. DO YOU HAVE ANY HEALTH CONDITION(S):.....

20. IF YES, PLEASE STATE NATURE:.....
.....

21. DO YOU HAVE ANY PHYSICAL CHALLENGE:.....

22. IF YES, PLEASE STATE NATURE:.....

I hereby certify that the facts given above are to the best of my knowledge correct


Applicant's Name:.....

Applicant's Signature:.....

Parent's Signature:.....

OFFICIAL USE ONLY

APPROVED 

Not Approved 

COMMENT:.....
.....

Name of Admission Officer:.....

Date and Signature.....