

IMMACULATE CONCEPTION COLLEGE, BENIN CITY.

PERSONAL DATA

SECTION A: (TO BE FILLED IN BY PARENT)

SURNAME:

MIDDLE NAME:

FIRST NAME:

DATE OF BIRTH:

NAME OF PARENT OR GUARDIAN:

ADDRESS OF PARENT OR GUARDIAN:

LOCAL GOVT. AREA: STATE:

RELIGION:

PREVIOUS SCHOOL:

CLASS PASSED AT PREVIOUS SCHOOL:

CONTACT ADDRESS:

E-MAIL ADDRESS:

PHONE NUMBER:

SIGNATURE: DATE:

SECTION B: HOME BACKGROUND INFORMATION

NAME OF FATHER:.....

PLACE OF BIRTH:.....

STATE OF ORIGIN:.....

HOME TOWN:.....

HIGHEST QUALIFICATION:.....

PROFESSION:.....

STATUS AND RANK:.....

PLACE OF WORK:.....

DEPARTMENT/OFFICE:.....

PERMANENT HOME ADDRESS:.....

.....

MOTHER'S NAME:.....

PLACE OF BIRTH:.....

STATE OF ORIGIN:..... L.G.A:.....

HOME TOWN:..... RELIGION:.....

HIGHEST QUALIFICATION:.....

STATUS/RANK:.....

PLACE OF WORK:.....

DEPARTMENT/OFFICE:.....

PROFESSION:.....

HOME ADDRESS:.....

PHONE NUMBER:.....

WHO IS RESPONSIBLE FOR THE CHILD'S SCHOOL FEES?.....

IS THERE A GUARDIAN WHO CAN BE CALLED IN THE EVENT OF AN EMERGENCY?

NAME:.....

ADDRESS:.....

PHONE:.....

IMMACULATE CONCEPTION COLLEGE,
170, M.M. WAY, BENIN CITY

PARENTS' REPORT

To be completed by Parents of student.

STUDENT'S SURNAME..... OTHER NAMES.....
.....

STUDENT'S DATE OF BIRTH: DAY.....MONTH:.....YEAR:.....

(1) Medical history:
Mention any previous illness,
Physical or mental and how treated:
.....
.....

(2) Any Physical Deformity.....

(3) Details of Any Current Medication.....
.....

(4) Has/Does any member of the student's family suffered/suffer from the under listed? YES/NO. (If Yes, please Underline which: Heart Disease, Hypertensive Disease, Asthma, Tuberculosis, Mental Illness, Sickle Cell Disease, Haemophilia.)

(5) Is Your Child A Peptic Ulcer Patient? YES..... NO.....

Any Seizures? YES..... NO.....

I, certify the history to be true to the best of my knowledge.

.....
Parent's Signature Dad's Phone Numbers Mum's Phone Numbers

NB:
Your son/ward will be **EXPELLED** from Immaculate Conception College at any point in time (including examination periods and even upon resumption) if found to have asthma, sickle cell anemia, HIV/AIDS or any chronic, terminal or contagious condition **not disclosed** to the College Management on interview day or well before resumption for proper medical follow-up while in school.

We promise absolute confidentiality so as not to destroy your son's/ward's self-esteem.

This form must be submitted on resumption day.