

HEAVENLY STARS ACADEMY

#105 Udo Umana Street, Uyo ~ Ekpenyong by Gibbs Street, Uyo #217 Ikot Ekpene Road, Uyo, Akwa Ibom State, Nigeria

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Email: info@hsa.com.ng

APPLICATION FORM



	PUPIL'S INFORMATION :						
1.	Child's Surname:	2.	Forenames:				
3.	Date of birth:	4.	Age:				
5.	Sex:						
6.	Do you have any other child in	If yes, enter details belo					
	S/NO CHILD'S NA	ME	CLASS				
	3.	SA					
	4.						
	PARENT'S INFORMATION: FATHER:						
7.	Name:	- Excellence					
8.	Occupation:	er of the					
9.	Religion:						
10.	Residential address/Phone No.:						
11.	Office address/Phone No.:						
12.	Other Numbers:						
13.	State of Origin:						
14.	Signature <u>:</u>						
	MOTHER:						
15.	Name:						

Residential Address/Phone No.: Office Address/Phone No.: Other Numbers: State of Origin: Signature: Name of person(s) authorized to collect your child/children: Are the two parents still together? Details of Schools attended, if any: S/No Name of Schools Class Years of attendant A B C Reasons for leaving last school	Office Address/Phone No.: Other Numbers: State of Origin: Signature: Name of person(s) authorized to collect your child/children:					
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A B C Reasons for leaving last school	S/No Name of Schools Class Years					
C Reasons for leaving last school		ance				
Reasons for leaving last school						
	C					
DETAILS ON HEALTH	Reasons for leaving last school					
DETAILS ON HEALTH						
	DETAILS ON HEALTH					
Does your child have any physical or mental disability?	Does your child have any physical or mental disability?					

Any form of allergy?	
Gone through any traumatic experience?	
Any previous head, leg or hand injury, e.g. fra	actures?
How is your child's eyesight?	
Please list all immunizations and date:	
Motto: Center of Excell	once
In case of emergency, tick appropriately: Administer First Aid and call parents Administer First Aid and take to hospital Call parents only	
OTHERS	
What does your child enjoy doing at leisu	re time?

35. Who stays with your child after school? (Tick as appropriate)

Mother/Father	House Help	Relative

- 36. On submission of this form you are required to come with the following:
 - i- Two (2) passport size photographs.
 - ii Photocopy of Birthday certificate.
 - iii Photocopy of immunization certificate, if any.
 - iv- Photocopy of last report sheet from previous school

37.	Comments/request:

