



EUCCHARISTIC HEART OF JESUS MODEL SCHOOL

34 Gado-nasko Way P.O.Box 127 Kubwa Abuja
email:info@ehjms.org Website:www.ehjms.org

Passport
Photograph

APPLICATION FORM

Date of Birth _____

Surname of Child _____

Other Name _____

Parent/Guardian's Name _____

Home Address _____

Postal Address _____

Tel. _____ Email: _____

Religion _____

Previous School Attend (if Any) _____

Class Read at last School _____

Transfer Certificate Number _____

Class to Which Admission is Sought _____

Name, Telephone No: & Address of Person to be Contacted in case of emergency _____

I have read the prospectus and accept the rules and condition contained therein

Signature _____

Full Name _____

Date _____

indicate if there is / are any form of sickness / Health is the school should be aware of.

Date of Interview _____

REQUIREMENTS:

Please bring the following and submit to the Bursary on or before

1. Current Medical Report of Fitness by a medical Doctor form a renowned Hospital in FCT-Abuja.
2. Blood group and Genotype from a renowned Hospital
3. Passport Photograph (One)
4. Transfer Certificate of Attestation letter
5. Photocopy of Birth Certificate.

FOR SCHOOL USE

Date of Admission _____ Signature _____ Status _____