



APPLICATION FORM

*Early Years & Primary
Section*

www.premiumtowersschool.com



PREMIUM TOWERS INTERNATIONAL SCHOOL

PRETIS, MINNA

• NURTURE • BUILD • DEVELOP

APPLICATION FORM

PHOTOGRAPH

Affix 3 Passport
Size
Photographs here

FORM NO: _____

RECEIPT NO: _____

PUPIL'S NAME: _____

SURNAME

OTHER NAMES

MALE: FEMALE: DATE OF BIRTH: _____

DATE

MONTH

YEAR

NATIONALITY: _____ STATE OF ORIGIN _____ LGA _____

PLACE OF BIRTH: _____ RELIGION: _____

HOME ADDRESS: _____

CLASS APPLYING FOR: CRECHE PLAY GROUP PREPARATORY CLASS (NURSERY ONE)
RECEPTION (NURSERY TWO) PRIMARY ONE PRIMARY TWO

YEAR / TERM DESIRED TO START: _____

PREVIOUS SCHOOLS ATTENDED (IF ANY)

S/N	NAME OF SCHOOL	FROM	TO

PLEASE INCLUDE RECENT RESULT SHEET OR ASSESSMENT REPORT

BLOOD GROUP _____ GENOTYPE _____ (PLEASE ATTACH MEDICAL REPORT)

PLEASE STATE IF THE PUPIL IS SUFFERING FROM ANY HEALTH CONDITION, DISORDER, ALLERGY E.T.C

DOES THE PUPIL HAVE ANY DIETRY SPECIFICATION? _____

PROVIDE DETAILS OF FAMILY HOSPITAL/DOCTOR _____

* FAMILY INFORMATION:

FATHER'S/GUARDIAN'S NAME: _____

HOME ADDRESS & TEL NO: _____

(IF DIFFERENT FROM CHILD'S ADDRESS)

STATE OF ORIGIN: _____ RELIGION: _____

FATHER'S OCCUPATION: _____

FATHER'S OFFICE ADDRESS: _____

FATHER'S MOBILE LINE: _____

E-MAIL ADDRESS: _____

MOTHER'S NAME: _____

HOME ADDRESS & TEL NO: _____
(IF DIFFERENT FROM CHILD'S ADDRESS)

STATE OF ORIGIN: _____ RELIGION: _____

MOTHER'S OCCUPATION: _____

MOTHER'S OFFICE ADDRESS: _____

MOTHER'S MOBILE LINE: _____

E-MAIL ADDRESS: _____

*** SPONSOR DETAILS**

NAME OF SPONSOR IF DIFFERENT FROM FATHER/MOTHER/GUARDIAN

OCCUPATION: _____

ADDRESS: _____

MOBILE LINE: _____

HOW DID YOU GET TO KNOW ABOUT PREMIUM TOWERS INTERNATIONAL SCHOOL?

TV RADIO NEWSPAPER WEBSITE SOCIAL MEDIA INDIVIDUALS OTHERS

ANY OTHER RELEVANT INFORMATION: _____

NAME OF CONTACT PERSON IN CASE OF EMERGENCY: _____

RELATIONSHIP TO PUPIL: _____ TEL NO: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

REGISTRATION NUMBER: _____

REGISTRATION FEE PAID N _____ DATE: _____

ENTRANCE EXAM SCORE: _____

PLACE OFFERED: _____ ACCEPTED: _____

SUBMIT PHOTOCOPIES OF THE LISTED DOCUMENTS WITH THIS APPLICATION FORM:

1. MEDICAL REPORT
2. BIRTH CERTIFICATE
3. IMMUNIZATION CARD/CERTIFICATE
4. LAST SCHOOL REPORT SHEET/ASSESSMENT REPORT (IF ANY)

NB: THE ITEM HIGHLIGHTED ARE MANDATORY FILLS WITHOUT WHICH THE FORM MIGHT NOT BE PROCESSED.
NO REFUND OF APPLICATION FEES AFTER PAYMENT.

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:09169696995, 08066983155

:Premium Towers International School Minna

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