

STUDENT DATA FORM

PART A: PERSONAL INFORMATION

NAME OF STUDENT: ADM NO:.....
NATIONAL ID NO: CLASS:
DATE OF BIRTH MARITAL STATUS: GENDER:
STUDENT TEL NO: P O BOX
DISTRICT OF BIRTH: DIVISION: LOCATION:
SUB LOCATION: COUNTY: NEAREST MARKET:.....
AREA CHIEF: SUB CHIEF: CONTACT ADDRESS:

OTHER INFORMATION

TICK THE MOST APPROPRIATE CATEGORY THAT YOU BELONG.

TOTAL ORPHAN ☐ PARTIAL ORPHAN ☐ YOUTH FROM POOR HOUSEHOLD ☐
FEMALE YOUTH PURSUING SCIENCE, TECHNOLOGY OR ENGINEERING COURSES ☐
YOUTH WITH SPECIAL NEEDS: ☐ IF YES, SPECIFY (Blind, deaf, physically challenged, etc.)

PART B:

CATEGORY	NAME OF SCHOOL	FROM (PERIOD)	TO (PERIOD)	GRADE/POINTS OBTAINED
PRIMARY:.....
SECONDARY:.....
OTHERS:.....

PART C.

ARE YOU PRESENTLY EMPLOYED (TICK APPROPRIATELY) YES ☐ NO ☐
NAME OF EMPLOYER: ADDRESS:
WHO WILL BE PAYING YOUR FEES? (Tick) SELF ☐ PARENT ☐ SPONSOR ☐ GUARDIAN ☐
NAME: ADDRESS: TEL NO: NEXT
OF KIN TEL NO: RELATIONSHIP:.....

PART D.

DO YOU SUFFER FROM ANY SERIOUS DISEASES? YES ☐ NO ☐
IF YES, NAME OF THE DISEASE: HOW OFTEN DOES IT ATTACK YOU:
WHERE WOULD YOU LIKE TO BE HOSPITALIZED WHEN YOU FALL SICK (Private Hospital/Guardian Hospital)
NAME OF HOSPITAL:

PART E:

WHICH ARE YOUR HOBBIES/EXTRA CURRICULAR ACTIVITIES?

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PART G. DECLARATION

I ID NO:.....
I DO DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
SIGNED..... DATE