



ADVENTIST COMPREHENSIVE HIGH SCHOOL

P. M. B.04, ELELE TOWN, RIVERS STATE

TEL: 0803 740 8152, 0806 399 3776

Motto: Service to God & Humanity



PASSPORT
PHOTOGRAPH

APPLICATION FORM FOR ADMISSION

(A) INFORMATION ABOUT THE STUDENT

Name:.....
(Surname) (Other names)

Sex:..... Date of Birth:.....

Place of Birth:.....

Name of Last School (with full Address):.....

Last Class Passed (in former School):.....

Class to be Admitted:.....

Religion..... Name of Church:.....

Branch:..... year of Baptism(if you are baptized):.....

(B) INFORMATION ABOUT THE SPONSOR

Name:.....
(Surname) (Other names)

What is your relationship with the student? Father Mother Others
(Please, tick appropriate box)

Home Town:.....

LGA:

State of Origin:..... Nationality:.....

Residential Address.....

Occupation:.....

Office Address:.....

Phone Number(s):.....

Religion:..... Denomination(Church).....

Branch(if Adventist).....

Signature/Date.....

DO NOT DETACH

Purchase Centre:..... Exam No:.....

EXAM SLIP

Name of Candidate..... Sex:.....

Class to be admitted:..... Exam Date:..... Time:.....

Officer's Signature/Date.....

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