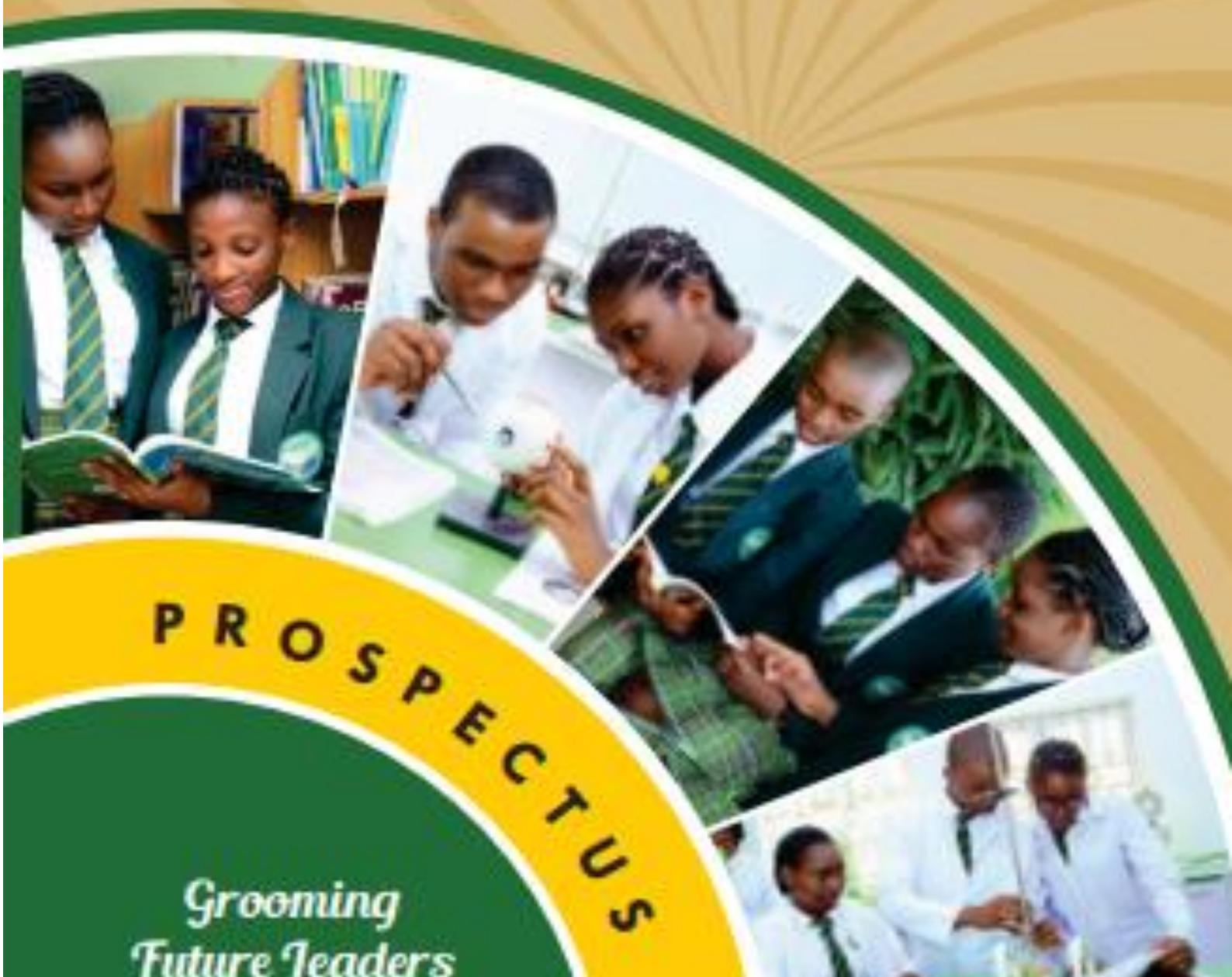




GRACEVILLE HIGH SCHOOL



PROSPECTUS

*Grooming
Future Leaders*

Name of Head of school last attended: _____

Address: _____ Mobile No: _____

PROGRAM APPLIED FOR STUDY:

JSS

SAT

Cambridge A Level

SSS

TOEFL

University Foundation Programme

IELTS

Medical Foundation Programme

Proposed Subjects: i _____ ii _____
(Advance Students only)

iii _____ iv _____

Courses in view _____

PARENTS' DATA:

Father

Names: _____

Office Address: _____

Residential Address: _____

E-mail Address: _____ Mobile Nos: _____

Occupation: _____

Mother

Names: _____

Office Address: _____

Residential Address: _____

E-mail Address: _____ Mobile Nos: _____

Occupation: _____

Guardian (if different from above)

Names: _____

Relationship: _____

Address: _____

Mobile No(s): _____ Occupation: _____

Declaration:

We confirm that the information given on this form are true, complete and accurate.

Applicants' sign

Date

Parents Name/Signature

Date



GRACEVILLE HIGH SCHOOL (FULL BOARDING)

No 1 Graceville Boulevard Zoma Hills, Okpanam, Asaba Capital Territory

www.gracevilleschools.org ★ E-mail: info@gracevilleschools.org
Tel: 08020642350, 08020643211

STUDENTS MEDICAL RECORD

No.

For proper records, students are advised to undergo medical examination in any government or private hospital of their parent's choice before filling the spaces below:

Name of Student:

Blood Group:

Genotype:

Any peculiar ailment? Yes/No:

Any allergy? Yes/No:

Any physical handicap? Yes/No:

Any known prescription?

In case of emergency, please contact the person below:

Name:

Relationship to the student:

Address:

Profession/Occupation:

Office/Address:

Telephone No(s): E-mail:

Doctor's Report

(Kindly report on the suitability of the student)

Name of Hospital:

Name of Doctor: Signature/Date (Official stamp)

Family Doctor (Name):

Hospital Address:

Tel Nos.: Ref/Card No.

Note: This form is to be submitted with medical certificate of fitness.

OATH ON ADMISSION

SHALL BE TAKEN DURING THE SWEARING IN OF STUDENTS.

I, _____ do solemnly pledge
To be a student of good behavior and character.
To obey all rules, regulations and respect constituted authority.
To be the best academically.
To be responsible and honest
To be a good ambassador of Graceville High School wherever I might find myself.
Not to be involved in any act that might tarnish the good name of my family and my future.
So help me God, Amen.

Father's Name

Mother's Name

Student's Name

Signature/Date

Oat administrated by.....

The Principal,
Graceville High School,
Okpanam,
Delta State.

CONSENT FORM ON SWIMMING

We, _____ Parents of _____ hereby give our
consent to Graceville High School, Okpanam, for our child to participate in co-curricular
Swimming activity . The provision of the required materials for this activity will be met by us.

Thank You.

Yours Truly,

Parents Name/Sign. & Date