ASSIN STATE COLLEGE
ASSIN BEREKU

DECLARATION FORM

PART 1 (To Be Completed By the Student)

I…… (**Full name of Student**) do hereby accept to be a student of the school. I promise to abide by all school rules and regulations throughout my stay in the school. If I breach any of the school rules and regulation. I shall render myself liable to disciplinary action.

Signature of Student : **……..……**

Date : **……**

PART 2: (To Be Completed By the Parent/ Guardian)

I, the undersigned, do hereby accept that my ward be enrolled for the SHS course in the school and shall support the authorities of the school in the maintenance of discipline. I hereby declare that I shall hold myself liable for any behavior contrary to school rules and regulations

Name Of Parent/ Guardian :**……..……**

Relationship to Student : **……....…..……**

Telephone Number(s) :**……..……**

Signature :**……..……**

Date :**…….**

NOTE CAREFULLY: If for any tangible reason a student cannot report to school, the Parent/Guardian should officially write to inform the Headmaster immediately.

ASSIN STATE COLLEGE
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PHOTOGRAPH

STUDENT'S PERSONAL RECORD FORM

SECTION A: PERSONAL DETAILS OF STUDENT

Full Name: ……..…… …… ……..….
(Surname) (First Name) (Other Names)

Date Of Birth:……Place Of Birth:……Home Town…..……..……

Sex:…… Nationality :……Religious Denomination…….……..……..…….

JHS Attended:…….JHS Location…….. JHS District…..……

B.E.C.E. Index No:……Aggregate ……..… Total Raw Score:……....

Programme Of Study:……Residential Status…..…….……..…….....

SECTION B: PARTICULARS OF PARENTS/GUARDIANS

Name of Father……...Contact No:…….....…….

Father's Address:……Occupation: …….....…...……..…..…

Name of Mother:……..…….. Contact No: …….

Mother's Address:……...Occupation……..……...……

Name Of Guardian (If different from Parents):…… Contact No.…….....

Address of Guardian……..…….....…….Occupation of Guardian……....……...

SECTION C: HEALTH CONDITION

Do you have any Chronic Disease:…….…….……..

Give Particulars of Physical Impairment You Have Suffered (If Any)……

NOTE: Provide any medical report that may be vital to the school management in respect of your health status.

Signature Of Parent/Guardian …… Signature of Student…… Date of Admission: …….