ASSIN STATE COLLEGE
ASSIN BEREKU

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: …….