Show of Interest Boarding School form

Student Information for 2024 Academic Year			
First Name	rst NameLast Name		
Age and Gender (Tick)			
Age	Gender:	Male	Female
Date of Birth (date/month/year)			
Date of birth			
Contact Phone Number (Please enter a valid phone number)			
Phone No.(s)			
Email Address			
Email			
Home Physical Address			
Region		Town	
Country			
Grade and School year			
Grade Level		School Vear	
Gidde Level		3011001 Teal	
Indicate when you will seek for admission (Tick) First term Second term			
Parent/Guardian's Information			
	2002	nd Nama	
First NameSecond Name			
Phone Number(s) Please enter a valid phone number)			
Signature (Parents/Gaudian)			
Signature	Date_		