



HERITAGE CREATIVITY SCHOOLS

University of Agriculture Road, North Bank, Makurdi Benue State,
Nigeria.

Tel: 08038877206 **Email:** heritagecreativitieschools@gmail.com

APPLICATION FORM

2 Passport
Photographs

SESSION _____

1. PERSONAL DATA

A. Name: _____

(Surname first)

B. Date of birth: _____ Sex: _____ Religion: _____

C. Nationality: _____ State: _____ L.G.A: _____

D. Residential address: _____

E. Last qualification/School attended: _____

F. Class into which admission is sought: _____

2. INFORMATION ON PARENT/GUARDIAN

A. Name of Parent/Guardian: _____

B. Office address: _____

C. Residential address: _____

_____ Tel: _____

D. Occupation: _____ Parent/Guardian _____

signature: _____

3. PERSON(S) TO BE CONTACTED INCASE OF EMERGENCY

A. Name: _____ Tel: _____

B. Address: _____

4. CHILD/WARD'S MEDICAL STATUS (Attach the following)

A. Certificate of fitness from a government hospital.

B. State any condition(s) the school should be aware of (if any):

5. HOW DID YOU HEAR ABOUT US?

☐ Friend/Family ☐ Social Media ☐ Flier/Flex ☐ Staff of the School

☐ Others (Kindly Specify): _____

6. REFERRAL'S DETAILS

A. NAME: _____

B. ADDRESS: _____

C. PHONE NO: _____

7. DECLARATION:

I declare that every information given here are correct

FOR OFFICE USE ONLY

1. Admitted/Not admitted: _____ Admission No: _____

2. Class of admission: _____ Year of Admission: _____ Date: _____

3. Admission Officer: _____

Remarks: _____ Signature: _____

4. Documents submitted: ☐ Passport Photographs ☐ Medical Report

☐ Undertaking ☐ Testimonial ☐ Non-refundable deposit ☐ Photocopy
of Birth Certificate.