



NO _____

APPLICATION FOR ADMISSION INTO: _____

AFFIX CURRENT
PASSPORT
PHOTOGRAPHS

CANDIDATE

SURNAME: _____ OTHER NAMES: _____

SEX: _____ DATE OF BIRTH: _____

NATIONALITY: _____ STATE OF ORIGIN: _____ LGA: _____

HEIGHT: _____ WEIGHT: _____

NAME OF PRESENT SCHOOL: _____

ADDRESS OF PRESENT SCHOOL: _____

PRESENT CLASS: _____

BEST SUBJECTS: _____

DIFFICULT SUBJECT(S): _____

HOBBIES: _____

PROPOSED CAREER AFTER GRADUATION: _____

SCHOOLING METHOD (TICK ONE) DAY BOARDING

IF DAY WHO PICKS YOU? _____

WHO WILL PAY YOUR FEES? _____

HEALTH MATTERS

ANY DISABILITY: _____

IF YES, STATE THE NATURE: _____

ANY ALLERGY: _____

IF YES, STATE THE NATURE: _____



FAMILY

NATURE OF FAMILY (TICK)

SINGLE PARENT MONOGAMOUS DIVORCED SEPERATED POLYGAMOUS

NUMBER OF CHILDREN IN THE FAMILY: _____

POSITION IN THE FAMILY: _____

APPLICANT LIVES WITH (TICK): BOTH PARENTS FATHER ALONE MOTHER ALONE

FATHER'S NAME: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

OCCUPATION: _____ EDUCATIONAL LEVEL: _____

TELEPHONE NUMBER (HOME): _____

TELEPHONE NUMBER (OFFICE/MOBILE): _____

EMAIL ADDRESS: _____

RELIGION: _____

MOTHER'S NAME: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

OCCUPATION: _____ EDUCATIONAL LEVEL: _____

TELEPHONE NUMBER (HOME): _____

TELEPHONE NUMBER (OFFICE/MOBILE): _____

EMAIL ADDRESS: _____

RELIGION: _____



GUARDIAN (where applicable)

NAME: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

OCCUPATION: _____

TELEPHONE NUMBER (HOME): _____

TELEPHONE NUMBER (OFFICE/MOBILE): _____

EMAIL ADDRESS: _____

RELATIONSHIP WITH THE CANDIDATE: _____

NUMBER OF SIBBLINGS STUDYING IN THE GROUP OF SCHOOLS

NAME: _____ SCHOOL: _____ CLASS: _____

NAME: _____ SCHOOL: _____ CLASS: _____

NAME: _____ SCHOOL: _____ CLASS: _____

KINDLY STATE HOW YOU GOT TO KNOW THE COLLEGE (EITHER THROUGH ADVERT IN THE NEWSPAPER, A FRIEND ETC).

COMMITMENT (TO BE COMPLETED BY PARENT/GUARDIAN)

I _____ DO FOR THE CAUSE OF A PROPER EDUCATION HAND
OVER MY CHILD/WARD _____ TO THE MANAGEMENT & STAFF OF
RAINBOW COLLEGE AND DO PLEDGE TO CORPORATE WITH THEM IN ACHIEVING THIS GOAL. I DO
PLEGDE NEVER TO DO ANYTHING TO PREVENT THE COLLEGE FROM DISCIPLINING MY SON/ DAUGHTER
IF HE/SHE BREAKS ANY OF THE SCHOOL'S RULES AND REGULATIONS.

SIGNATURE _____

DATE _____

RAINBOW COLLEGE



FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED: _____

DOCUMENTS ENCLOSED: _____

RESULTS: _____

TRANSFER CERTIFICATE: _____

RECOMMENDATION LETTERS: _____

ENTRANCE EXAM DATE: _____

INTERVIEW DATE: _____

ADMISSIONS OFFICER'S RECOMMENDATION & SIGNATURE:

PRINCIPAL'S COMMENT & SIGNATURE:
