

## TIA COLLEGE MAKURDI

No.8 Chia Ikima Street, Off Sen. George Akume Road, P.O Box 1354 Makurdi, Benue State. Tel: +2348094358825, +2347038164383 E-mail: info@vaatiacollege.com.ng Website: www.vaatiacollege.com.ng

## **ADDLICATION FORM**

- All fields in the Application Form MUST BE FILLED. Where a field does not apply to you DO NOT leave blank, type in NONE or NIL as appropriate.
- Please note that without the College receiving any evidence of NON-refundable payment of the sum

1. APPLICA	NT'S PER	SONAL II										
Surname			F	irst Na	me				Other Names			
DoB (dd/mm/yy)		Gende	er		S	tate of Ori	gin		Tumes	L.G.	A	
Place of Birth			National	ity			Tribe			Rel	igion	
Languages Spoken		I					Comple	exion			Blood	l group
Proposed start date	(e.g Sept 20	024)			]	Proposed y	ear group	o (JSS1	l, JSS2 or	SSS1)		
2. APPLICA	NT'S EDU	CATION	AL BAC	KGRO	UND							
Current School								Curre	ent Class			
Name of Head of S	chool							Tel N	Го			
Previous school atte	ended							Date	left (dd/n	nm/yy		
3. APPLICA	NT'S INTI	ERESTS A	ND HO	BBIES								
Hobbies					Spo	orts interes	ted in					
4. APPLICA	NT'S FAM	IILY DET	AILS									
No of siblings				Mot	her's	Maiden Na	ame					
Please provide the	following in	formation	if the app	licant l	nas sit	olings curre	ently atte	ending	Vaatia C	ollege l	Makur	di
Name						Year Gro	oup			Gend	er	
Name						Year Gro	oup			Gend	er	
Name						Year Gro	oup			Gend	er	
Father's Name								Occi	upation			
Residential Address	S							(Pre	No(s) ferably atsApp)			
Office Address								E-m	ail			
Mother's Name								Occi	upation			
Residential Address	S							(Pre	No(s) ferably atsApp)			
Office Address								E-m	ail			
Correspondence wi	ll be addres	sed to both	names al	oove, u	nless	otherwise	directed.	Please	give any	   specia	l instr	actions l
Are there any circu VAATIA COLLEC application? Please	E MAKUR	RDI, or of v	which the	Colleg	migh e shou	t require that the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of treatment of the treatment of treatment of the treatment of treatment of the treatme	ne applic re and w	ant to l	oe consid ight affe	ered for	r speci dgmen	al assista t of this

5.	APPLICATION CHECKLIST	The Applicant should please return this form together with the following documents:
0	2 Passport Photographs	
0	Birth Certificate	
0	Evidence of payment of application	on fee  on fee
0	A referral letter or transcript or tra	insfer certificate or testimonial from the applicant's current school
6.	DECLARATION	

I/We, being the parent/parents of or being the person/persons having parental rights in respect of the applicant hereby:

- 1. apply for a place at VAATIA COLLEGE MAKURDI for the applicant to become a student at the College with effect from the admission date specified above;
- 2. accept that this application is subject to the College's admissions policy current as at the date of receipt of this application by the College as such policy is from time to time revised or amended;
- 3. acknowledge that all applicants are required to undertake an entrance assessment;
- 4. recognize that there is no obligation on the College to offer a place at the College for the applicant or to accept the applicant as a student of the College;
- 5. authorize the applicant's current school named above to:
  - a. disclose to VAATIA COLLEGE MAKURDI information on the applicant (e.g. academic report and student profile) and where appropriate
  - b. confirm to the College whether all fees in respect of the student have been paid to that current school, and authorize the College to disclose this application and authorization to that current school.
- 6. agree to abide by the Rules and Regulations of the College which are subject to amendment by the College.
- 7. accept the College has the right to administer sanctions if the College Rules and Regulations are breached.

I/We declare that the information on this form is correct and I/We understand that the offer of a place may be withdrawn if this application is based on fraudulent or misleading information.

If the College offers the applicant a place, then the offer shall be deemed to have been declined and refused if it is not accepted by me/us within the time stipulated in the offer.

Signature of first Parent/Guardian	.Date: (DD/MM/YY)
Print name	
Relationship to applicant (if not parent)	
Signature of second Parent/Guardian	Date: (DD/MM/YY)
Print name	
Relationship to applicant (if not parent)	

Additional information may be submitted on a separate sheet of paper, stating which section of the application form the information refers to.

Please return completed forms to: **VAATIA COLLEGE MAKURDI**, **No.8 Chia Ikima Street**, **Off Sen. George Akume Road**, **P. O. Box 1354 MAKURDI BENUE STATE- NIGERIA** or send a scanned copy to **info@vaatiacollege.com.ng** on or before the announced date of Entrance Examinations.