



VAATIA 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

APPLICATION 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 of Five Thousand Naira (N5,000.00) application fee, your application will **NOT** be processed.

1. APPLICANT'S PERSONAL INFORMATION											
Surname				First Name				Other Names			
DoB (dd/mm/yy)			Gender			State of Origin			L.G. A		
Place of Birth				Nationality			Tribe			Religion	
Languages Spoken						Complexion			Blood group		
Proposed start date (e.g Sept 2022)						Proposed year group (e.g. JSS1, JSS2, SSS1)					
2. APPLICANT'S EDUCATIONAL BACKGROUND											
Current School						Current Class					
Name of Head of School						Tel No					
Previous school attended						Date left (dd/mm/yy)					
3. APPLICANT'S INTERESTS AND HOBBIES											
Hobbies					Sports interested in						
4. APPLICANT'S FAMILY DETAILS											
No of siblings				Mother's Maiden Name							
Please provide the following information if the applicant has sibling(s) already attending Vaatia College											
Name					Year Group			Gender			
Name					Year Group			Gender			
Name					Year Group			Gender			
Father's Name						Occupation					
Residential Address						Tel No(s) (Preferably WhatsApp)					
Office Address						E-mail					
Mother's Name						Occupation					
Residential Address						Tel No(s) (Preferably WhatsApp)					
Office Address						E-mail					
Correspondence will be addressed to both names above, unless otherwise directed. Please give any special instructions here											
Are there any circumstances, medical or otherwise, which might require the applicant to be considered for special assistance at VAATIA COLLEGE, or of which the College should be aware and which might affect its judgment of this application? Please include details of any disability.											

Please Turn Over

5. APPLICATION CHECKLIST	The Applicant should please return this form together with the following documents:
<ul style="list-style-type: none"> ○ 2 Passport Photographs <input type="checkbox"/> ○ Birth Certificate <input type="checkbox"/> ○ Evidence of payment of application fee <input type="checkbox"/> ○ A referral letter or transcript or transfer certificate or testimonial from the applicant's current school <input type="checkbox"/> 	

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 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, 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.