



*Integrity and Excellence*

# GRACE GARDEN INTERNATIONAL COLLEGE KUJE, ABUJA.

No. 21 Euphates Street, off Banex Plaza, Maitama Abuja,  
Tel: 09-8706886 +234 8065918441

AFFIX  
PASSPORT

## CONTRACT OF ADMISSION

(TO BE COMPLETED IN CAPITAL LETTERS AND IN DUPLICATES)

FORM NO. 0273

### STUDENT'S PERSONAL INFORMATION:

NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_ LGA: \_\_\_\_\_  
AGE (AS AT LAST BIRTHDAY): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STATE OF RESIDENCE: \_\_\_\_\_ SEX: \_\_\_\_\_  
LAST SCHOOL ATTENDED: \_\_\_\_\_  
LAST GRADE/CLASS ATTENDED: \_\_\_\_\_

### PARENTS/GUARDIAN'S PERSONAL INFORMATION:

NAME OF FATHER: \_\_\_\_\_ FATHER'S OCCUPATION \_\_\_\_\_  
FATHER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE NO: \_\_\_\_\_  
NAME OF MOTHER \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_  
MOTHER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE NO: \_\_\_\_\_

**I AGREE THAT FEES PAID TO THE SCHOOL ARE NOT REFUNDABLE.**

PARENT'S/GUADIAN'S ATTESTATION: I \_\_\_\_\_  
(FULL NAMES)

The Parents/Guardian of \_\_\_\_\_ do state that I have read and clearly understood the contents of the contract of admission of my child/ward that I am fully ready to abide by the contents of the contract and the rules and regulations of the school and that I accept that fees paid by me in respect of my child/ward are not refundable in any circumstances. That I will absorb the school from any legal liability or responsibility as a result of this admission. I also agree that I have no right to harass or molest any staff of the school who may be assigned to discharge his/her responsibility to me or my ward as a result of this contract of admission.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

DATE RECEIVED: \_\_\_\_\_

NAME OF RECEIVING OFFICER: \_\_\_\_\_ POSITION: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_