



Neplus-ULTRA MODEL ACADEMY

KM2 MISSION ROAD, OFF UMUNEDE-OGWASHI-UKWU ROAD, UMUNEDE, DELTA STATE.
TEL: 08036971614

ADMISSION FORM

Passport

Pupil's Bio-Data:

Name: _____

State of Origin: _____ Local Govt. of Origin: _____

Permanent Home Address: _____

Date of Birth: _____ Place of Birth: _____

Blood Group: _____ Genotype: _____ sex: _____

Class Applied for: _____ Previous School/Class: _____

Parent/Guardian Particulars:

Name: _____

Present Address: _____

Occupation: _____ Phone Number: _____

Person(s) To Contact incase of Emergency:

Name: _____

Address: _____ Phone Number: _____

ATTESTATION

I _____ attest that the information given above are true and correct to the best of my knowledge, and hereby undertake to be held responsible if any is discovered to be false.

Date & Signature of Parent/Guardian

UNDERTAKING

- (1) I understand that the total fees for this admission are due for payment on enrolment, and that any arrangement to pay by installment is a special concession which is automatically withdrawn as soon as I fail to pay the fees of my Child/Ward as and when due.
- (2) No refund after payments
- (3) I understand that I have an obligation to pay all outstanding fees and levies Should I decide to stop, truncate or terminate the academic training of my Child/Ward in this School before the end of the period stipulated by the Management, and that the Management reserves the Right to withhold the issuance of any Result/Certificate to my Ward if he/she is yet to complete his/her payments.
- (4) I hereby undertake to abide by all rules and regulations of the school in force from time-to-time.

Date: _____ Signature of Parent/Guardian _____ Signature of Applicant _____

FOR OFFICE USE ONLY

☐ Admission Test Passed ☐ Admission Test Failed : _____

Name & Signature of Admission Officer