

ST. PETER'S COLLEGE GARAKU

Attach
passport

Along Akwanga-Keffi Road, P.O.Box 26, Keffi, Nasarawa State Catholic
Diocese of Lafia
Tel: 08180196682,08114576830,08035956205
E-mail: contact@spcgaraku.com.ng
Website: www.spcgaraku.com.ng
Motto: ...dei amor lumen et sapientia



NOTE: Kindly download, print and fill this form. Pay processing fee of N3,000 in any of our account with Diamond (0015166967) or UBA (1011350153) and bring the bank teller or pay N3,000 on the day entrance examination.

ADMISSION FORM (Online Version)

1. Name of candidate (Surname first):

Other names: 2. Sponsor's name/phone number/E-mail

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3. Religion: Christianity Muslim 4. Nationality:

5. State of Origin: 6. Local Govt. Area:

7. Date of Birth: DAY / MONTH / YEAR 8. Place of Birth:

9. Class to be Admitted into (tick): JSS1 JSS 2 JSS3 SSS1 SSS2

10. Current Session: 11. Residential Address:

12. Father's full name: 13. Occupation:

13. Father's Address/Phone No:

14. Mother's full name: 15. Occupation:

16. Mother's Address/Phone No:

17. Details of Primary/Secondary Schools Attended:

NAME OF SCHOOL	YEAR	CLASS

.....
Parent/Guardian Signature & Date

OFFICIAL USE ONLY

Date of Exam/Interview:

Scores: Mathematics% English Language.....% General Paper.....%

Oral Expression:% Recommendations:

.....

Class Admitted into: JSS1 JSS 2 SSS1 SSS2

Date of Admission: Signature of admission Officer:

.....
Principal's Signature