

ARTISAN SCHOOL®

FOR DECORATIVE PAINTING

...artisanry amplified

APPLICATION FORM

Attach
2 Passport
Photographs

PERSONAL DATA

Surname:..... Other Names:.....
Date of Birth:..... Sex: Male Female
State of Origin:..... L.G.A.:.....
Marital Status:..... Occupation:.....
Religion:..... Email:.....
Residential Address:.....
.....
Mobile Numbers:.....

EDUCATIONAL BACKGROUND

Names of Schools Attended with dates	Qualifications Obtained

HEALTH STATUS

Blood Group:..... Genotype:.....
Ever Incurred any disease? YES NO
If yes, please state the disease and its cause:.....
.....

PARENT/GUARDIAN INFORMATION

Name:.....

Occupation:.....

Residential Address:.....

Phone Number:.....

Email:.....

GUARANTOR/REFEREE DETAILS

Name:.....

Occupation:.....

Residential Address:.....

Phone Numbers:.....

Email:.....

Signature:.....

Date:.....

AFFIRMATION

I hereby certify that all the information provided in this application form are true and I agree to abide by all the rules and regulations of this organization.

Signature:.....

Date:.....

NOTICE:

Obtaining this form does not automatically guarantee admission into the school. All prospective candidate will pass through an interview panel after which he/she will confirm to be medically fit by designated hospital assigned by the school.

All successive candidate will receive an sms/email informing them of their admission status after which a subsequent hard copy of admission letter will be issued.

FOR OFFICIAL USE

Principal Officer's Comments:.....

.....

Signature:.....