PECULIAR FOUNDATION MODEL SCHOOL

MBODO, ALUU, RIVERS STATE

STUDENT 'S BIO DATA

AFFIX PASSPORT PHOTOGRAPH

1. **ADMISSION NO:** _____
2. **SURNAME:** _____
3. **OTHER NAMES:** _____
4. **CLASS:** _____
5. **SEX:** **MALE** ☐ **FEMALE** ☐
6. **DATE OF BIRTH:** _____
7. **RELIGION:** _____
8. **COUNTRY:** _____
9. **STATE:** _____
10. **L.G.A:** _____
11. **TOWN:** _____
12. **LAST SCHOOL ATTENDED:** _____
13. **YEAR OF ADMISSION:** _____ **YYY (4 DIGITS)**
14. **HOBBY:** _____
15. **ANY ILLNESS:** _____
16. **BLOOD GROUP:** _____
17. **GENOTYPE:** **AA** ☐ **AS** ☐ **SS** ☐
18. **ALLERGY:** _____
19. **ANY DISABILITY:** _____
20. **EMAIL ADDRESS:** _____
21. **PHONE NO:** _____
22. **HOME ADDRESS:** _____

23. CONTACT ADDRESS:_____

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24. PARENT NAME:_____

25. PARENT'S PHONE NO:_____

26. PARENT'S EMAIL:_____

27. PARENT'S OCCUPATION:_____

28. PARENT'S CONTACT ADDRESS:_____

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