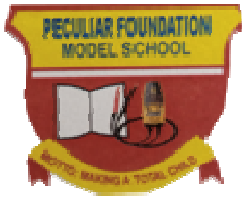


PECULIAR FOUNDATION MODEL SCHOOL



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: _____ YY (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: _____

24. PARENT NAME: _____

25. PARENT'S PHONE NO: _____

26. PARENT'S EMAIL: _____

27. PARENT'S OCCUPATION: _____

28. PARENT'S CONTACT ADDRESS: _____

PECULIAR FOUNDATION MODEL SCHOOL