

GENERAL ENTRY REQUIREMENTS

The following general requirements are to be fulfilled if admission to EL-AIS to be granted:

1. The EL-AIS Application form is to be completed and signed by a parent, or legal guardian of the candidate and the EL-AIS Registration and Non-refundable Deposit fee of _____ must be paid.
2. Two (2) current passport photograph of the candidate should accompany the application
3. Candidate must be between 10 and 11 years on entry in to Js1.
4. A complete transcript of the candidate's academic record to date is require and evidence must be produced that the candidate will complete primary VI by July of the proposed year of entry.
5. A character testimonial on the candidate, signed by his/her present head-Teacher is required.
6. A medical history and certificate of good health must be submitted as attested by a qualified government registered physician.
7. Entry is through competitive examination, held at EL-AIS Minna (Written exams and oral interview)
8. Please note that the undersigned application form shall be taken as an unqualified acceptance of all the condition related to this application

EXAMINATION INFORMATION

Please note the following additional information

1. Entrance exam date is _____
2. Candidate must arrive at El-Amin International School (Exam Venue) at 10:30 am for registration and examination
3. All candidate are to bring the following writing materials: biro, pen, pencil, ruler and eraser. Calculators are not permitted.
4. Parents/guardians are to pick up their wards at 1:30pm same day.
5. Application form should be duly filed and returned to El-Amin, Minna before the actual date of the examination.

SIGNED _____

NAME (Please print) _____

RELATIONSHIP TO STUDENTS _____



EL-AMIN INTERNATIONAL SCHOOL

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E-mail: info@el-aminschool.com Website: www.el-aminschool.com

APPLICATION FORM

APPLICATION DATE: _____ PRESENT CLASS _____ CLASS APPLIED FOR _____

NAME OF THE STUDENT: First name: _____ Surname: _____ Sex _____

HOME ADDRESS _____

_____ TEL _____ E-MAIL _____

DATE OF BIRTH: _____ RELIGION: _____

NATIONALITY: _____ STATE OF ORIGIN: _____

FATHER'S SURNAME: _____ FIRST NAME: _____

FATHER'S OCCUPATION: _____

OFFICE ADDRESS: _____

_____ TEL: _____ E-MAIL: _____

MOTHER'S SURNAME: _____ FIRSTNAME: _____

MOTHER'S OCCUPATION: _____

MOTHER'S ADDRESS: _____

_____ TEL _____ E-MAIL _____

GUADIAN OR CONTACT PERSON ON AN EMERGENCY: _____

ADDRESS: _____

_____ TEL _____ E-MAIL _____

NAME AND ADDRESS OF PRESENT SCHOOL: _____

SPECIAL HEALTH PROBLEM OF CANDIDATE, IF ANY: _____

HOW DID YOU HEAR OF EL-AIS? _____

Please inform EL-AIS of any changes to the above information