



BRAINFIELD SCHOOLS

PORT HARCOURT: Brainfield Secondary School, Brainfield Avenue off Clendac Filling Station, East-West Road, Eliogbolo, Port Harcourt Mobile: 0803 555 3501, 0706 268 6412, 0909 285 1450
Brainfield Nursery and Primary School, 63 East-West Road, Eliogbolo, Port Harcourt. Tel.: 0706 973 6836

ABA: Brainfield Nursery and Primary School, No 13/15 Egbelu Street by 6 Old Express Road Umuochem Junction Abayi, Aba, Abia State. Tel.: 0803 887 4912, 0803 765 9606

OWERRI: Brainfield Nursery, Primary and Secondary School, Plot 10 Old Akanawu Street Road 5 Extension, Imo Housing Estate Umuguma 460001, Owerri, Imo State Tel.: 08108364500, 09027254820
Brainfield Nursery and Primary School, Plot 121 Ndubuisi Kanu Avenue Behind Concord Hotel, New Owerri, Imo State. Tel.: 0806 341 4391, 0906 575 9848, 0803 507 4465

☐ PRE-NURSERY ☐ NURSERY ☐ PRIMARY ☐ SECONDARY

APPLICATION FORM

PHOTOGRAPH OF
THE APPLICANT

PERSONAL DETAILS

USE BLOCK LETTERS ONLY

1. a) APPLICANT'S SURNAME:
- b) OTHER NAMES (in full)
- c) DATE OF BIRTH SEX AGE
- d) RELIGION e) NATIONALITY

CLASS INTO WHICH ADMISSION IS SOUGHT _____

SCHOOL ATTENDED (WITH DATES)

	NAMES OF SCHOOL	ADDRESS OF SCHOOL	DATE	CLASS

BOARDING ☐ DAY STUDENT ☐

PARENT'S DETAILS

USE BLOCK LETTERS ONLY

2. a) PARENT'S NAME:
- b) ADDRESS:
- c) TELEPHONE(S)

APPLICANT'S HEALTH STATUS (to be completed by parents)

(a) Does he/she suffer any health disability that is chronic, recurrent or crises induced? Yes ☐ No ☐

(b) If Yes, state details _____

Note: The School will not be liable for any consequences arising as a result of failure on the part of parents/guardians to disclose information relating to their wards' medical history.

PARENT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

1. DATE ISSUED: _____ 2. DATE RETURNED: _____
3. EXAMINATION DATE _____ 4. SCORE IN TEST: _____
5. DATE OF INTERVIEW _____
6. EXISTING VACANCY Yes ☐ No ☐ ADMITTED ☐ NOT ADMITTED ☐ ADMISSION PENDING ☐

PRINCIPAL'S NAME: _____ SIGNATURE/DATE: _____