Acade	mic Year:	_	Teller Number:	
S. S	EAGLES TECHNICAL COLLEGE		n For Admission	Affix Your Passport Photo Here
Visiee	VISION, TENACITY & COURAGE REC	EIVED BY:	DATE RECEIVED:	(Please write your name at
PER	SONAL DETAILS			the back of your photo)
Surr	ame:		Student Registration	Number (Office Use)
First	Name: Other Na	me(s):		
Hon	e Address:		Gender: Male	Female
			Date of Birth:	
			Place of Birth:	
Stat	e of Origin: Nation	nality:		
	rgency Contact Name:	Emergency No:	Email:	
PAR	ENTS INFORMATION			
Fath	ers Details			
Full	Name:	Phone:	Email:	
Hon	e Address <u>:</u>			
	e Address:			
Occi	ıpation:	Office P	hone:	
Mot	hers Details			
Full	Name:	Phone:	Email:	
Hon	e Address <u>:</u>			
Offic	e Address:			
	ipation:		Phone:	
Who	is responsible for school fees: Father	Mother	Both Parents Others	
ACA	DEMIC QUALIFICATIONS			
Prin	ary School			
SN	Name of School		School Address	Period
1				mm/yyyy - mm/yyyy

Junior Secondary School								
SN	Name of School	School Address	Subject	Grade	Period			
4								
1								
					mm/yyyy			
					_			
					mm/yyyy			

SN	Name of School	School Address	Subject	Grade	Period		
2							
_					,		
					mm/yyyy		
					-		
					mm/yyyy		
High	n School						
SN	Name of School	School Address	Subject	Grade	Period		
1							
T							
					mm/yyyy		
					-		
					mm/yyyy		
2							
					mm/yyyy		
					_		
					mm/yyyy		
COURSE APPLIED FOR							
Which course(s) would you like to apply for? Please write the full course title. IF YOU DO NOT KNOW WHICH COURSE YOU ARE APPLYING FOR AND YOU WOULD LIKE TO SPEAK TO A COURSE ADVISOR THEN JUST WRITE ADVICE							
First Choice Program: Electrical Works and Repairs: Plumbing and Pipe Fitting: Block Laying and Concreting: Fabrication and Welding:							
Second Choice Program: Electrical Works and Repairs: Plumbing and Pipe Fitting: Block Laying and Concreting: Fabrication and Welding:							
Why do you want to do this course: To get a job: To improve my job prospects:							
To gain admission to a tertiary institution: Other reasons:							
The	school has hostels. Will you like to live	in the hostel: Yes No No					
SUBMIT YOUR COMPLETED FORM BY EITHER EMAILING IT TO admissions@eaglestech.edu.ng OR POST IT TO THE SCHOOL USING THE SCHOOL ADDRESS AS SEEN ON OUR CONTACT PAGE. WHEN SUBMITTING YOUR FORM BY EMAIL OR POST, ENSURE YOU ATTACH SCAN COPIES OR PHOTOCOPIES OF YOUR CREDENTIALS, CERTIFICATES AND YOUR BIRTH CERTIFICATE.							
I certify that the information I have given on this form is both true and correct. I also confirm agreement that the College may keep on file copies of documentation to support my application.							
Арр	licant's Name:	Signature:	D	ate:			
FOR OFFICE USE \$							
YOUR APPLICATION HAS BEEN: APPROVED: DISQUALIFIED:							
Name of Admission Officer: Signature:							