



Himma International College

Western Bye-Pass, Off Dr Nnamdi Azikiwe Way
Behind NECO State Office, Minna, Niger State.



ADMISSION FORM

TO BE COMPLETED
IN INK
AND CAPITAL LETTERS

Attach two
passport-sized
photographs
here

1. Name (Maximum of three)

_____/_____/_____
First Name Middle Name Surname

Date of Birth: __/__/____ Gender: Male ☐ Female ☐

Nationality: _____ State and LGA _____

2. Permanent Home Address:

3. Country of Origin and Primary Spoken Language:

4. Class applying for:

5. Current Class:

6. Name and Address of last school attended (with date):

7. **Father's Details:**

Name: _____

Office or Home Address: _____

Telephone No. _____

Email: _____

Signature & Date _____

8. **Mother's Details:**

Name: _____

Office or Home Address: _____

Telephone No. _____

Email: _____

Signature & Date _____

Medical Information

It is compulsory for applicant to fill this medical information correctly

9. Does your child have any health condition like Sickle Cell, Asthma, etc?

If yes, please indicate in detail:

10. Is your child up-to-date on his/her immunization? YES ☐ NO ☐
11. Is your child on any prescription that should be taken during school hours? YES ☐ NO ☐
12. Name and Address of a Family Hospital within Minna if available:

13. Does the School Nurse have your permission to administer non-prescription medication like pain reliever should the need arise?
- ☐ Yes, I give my permission
- ☐ No, I do not give my permission

NATIONAL IDENTIFICATION NUMBER (NIN)

Father's: _____

Mother's: _____

Pupil's/Student's: _____

This form is to be submitted with the following documents:

- a. 2 Passport-Sized Photographs
- b. Copy of Birth Certificate or International Passport
- c. Completed Medical Forms (Immunization, Health Information & Examination Forms)
- d. Official Transcript or Copies of last three Previous Report Cards

☐ I understand that all the information provided in this form are correct and complete and any false statement may result in forfeiting of admission. In the event of information change, the school would be duly notified.

Parent's Name: _____

Signature & Date: _____

**Completed Forms should be returned to the Information/Admissions Office,
Himma International college, Minna, Niger State.**

FOR OFFICIAL USE ONLY

Receipt No.	Report Card	Medical Forms	Test Score	Admission Status

Class Admitted into: _____

Remarks: _____

