



Kilometre 19, Sime - Bori Road, East-West Road, Tai L.G.A., Rivers State.

Email: goodmans.academy@gmail.com

APPLICATION FORM

PERSONAL DETAILS		Student ID number			
Surname		Date of birth			
Forename(s)		Age			
Residential Address		Sex (M/F)			
Place of Origin		L.G.A/State of Origin			
Postcode		Nationality			
Felephone Number On/Off Campus		School			
Parent/Guadian Email					
Please mark the box which	leba	Fanciena			
your ethnic origin	Igbo Yoruba Hausa	Foreigner			
	Other (please specify				
Please state which instrument you wish an instrument, please state "beginner."	to learn followed the current grade you	have taken. If you are wishing to start			
7,					
INHERENT/ACQUIRED SKILLS					
lf your son or daughter has any skill sucl details	n as singing, drawing, cooking, painting,	writing or some other group, please give			

FEES: Who will pay	your fees? (Please mark all boxes that a	pply)				
I will be paying my fees in full by:		Credit/d	Credit/debit card			
The following organisation will be paying all or part of my fees:		Local ed Other	Local education authority (LEA) Other			
Please complete the det LEA/organisation	ails of the organisation paying your fee	s				
Address						
riddi 655					_	
Telephone number						
DECLARATION	l .					
The information on this form will be used in accordance with the school policy's on personal data. Please refer to this policy which is published on the school website if you require information concerning the disclosure of information about you to third parities.			Student's signature			
		n Date	Date			
about you to time parts	I understand that if I am paying by installments, it is my responsibility to ensure that these installments are adhered to. I am aware that there is no automatic reduction or waiver of fees in the case of	Mr./Mrs./N	Mr./Mrs./Ms./Miss.			
Please attach one passport sized photograph		Downt/C	Parent/Guardian Name (please print)			
	withdrawal of non-attendance. Students are required to inform	Parent/gu	Parent/guardian signature			
	the school of any change to circumstances affecting eligibilit	y Date	Date			
	for a concession fee.					
I agree to make myself familiar with and abide by the regulations of the school and of any subsequent amendment.			Staff signature			
			Staff Name			
OFFICIAL USE ONLY EXPECTED						
SCHOOL	CLASS STAR	T DATE	END DATE	TUITION FEE		

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