



K-BOLS International School, New Karu

Integrity, Faith & Excellence

AFIX
PASSPORT
PHOTOGRAPH

APPLICATION FORM

NOTE: THIS FORM IS FOR A NON-REFUNDABLE FEE OF ₦20,000 ONLY

Name of Student:

Date of Birth:...../...../..... Sex Phone No.(s)

E-mail:

Full Address:

Name of previous school

Any health challenge or allergies? (please state)

Blood Group: Genotype:

Father's Full Name:

Father's Occupation:..... Phone No.

Mother's Full Name:

Mother's Occupation:..... Phone No.

Parent's Signature:..... Date:

Official Use Only

Name & Signature