



UNIVERSITY OF CALABAR

INTERNATIONAL DEMONSTRATION SECONDARY SCHOOL (UCIDSS)



P.O.Box 3761 Calabar, Cross River State - Nigeria

APPLICATION	20
FOR ADMISSION	
UCIDSS No:	

**(TO BE COMPLETED AND RETURNED
TO THE PRINCIPAL, UNICAL
DEMONSTRATION SECONDARY SCHOOL,
CALABAR)**



1. Name: _____
SURNAME FIRST (IN BLOCK LETTERS)
2. Date of Birth: _____
YEAR MONTH DAY AGE SEX
3. Postal Address: _____
(No. P.O.Box)
4. Residential Address: _____
(ANY CHANGE OF ADDRESS SHOULD IMMEDIATELY BE NOTIFY)
5. Intending Class: _____ Last Class Passed: _____
6. School Last Attended: _____
7. Nationality: _____ State of Origin: _____
8. L.G.A. Of Origin: _____ Religion: _____
9. Applicant's Signature: _____ Date: _____
10. Full Name of Parent/Guradan: _____
SURNAME FIRST (IN BLOCK LETTERS)
11. Residential Address: _____
12. Parent/Guardian's
Department/Office Address: _____
13. Parent/Guardian's
Occupation: _____
14. Marital Status of Parent: _____

I certify that the information given above are to the best of my knowledge true and correct. I will expect the applicant to abide by the Rules and Rugaltions of the School. I pledge to pay the fees and levies required in respect of the applicant.

Parent/Guardian Signature: _____

Date: _____

Phone No.: _____

FOR OFFICE USE:

Entrance Exam Score: _____

Interview Result: _____

Principal: _____

Date: _____