



TITARESTAR ROYAL ACADEMY

Founded 1987

19 Kwuru-Kwuru Road, Off Okporo Road, Kwuru-Kwuru Community

Mgbuesilaru, 1st Artillery, Port Harcourt, Rivers State, Nigeria.

Cell: +234-803-302 5383, +234-706-479-2453

Email: titareacademy@yahoo.com, titareacademy@gmail.com

Website: www.titareacademy.com

INTO:
BASE

Fix passport
photograph

APPLICATION FORM

BASIC
J/HIGH
S/HIGH

20___/20___ SESSION

DAY BOARDING PERSONAL INFORMATION

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Name of Child: _____

SURNAME in block letters

First name

Middle name

Date of Birth: _____ Sex: _____

Nationality: _____ State of Origin: _____ LGA: _____

Last School Attended: _____

Father/Guardian's Name: _____

Occupation: _____

Contact Address: _____

Gsm.No: _____ E-mail: _____

Mother/Guardian's Name: _____

Occupation: _____

Contact Address: _____

Gsm. No: _____ E-mail: _____

Indicate Sponsor: _____

How do you intend to pay the School fees? One-time payment/ In installments (not more than 3 installments)

Language Spoken: Native Language: _____ Foreign Language: _____

MEDICAL HISTORY

Blood Group: _____ Genotype: _____

Allergies (specify): _____

Common Illness: _____

HEALTH RELATED INFORMATION (Please Give Details)

Name & Address of Family Doctor (If any):

Gsm No: _____ **E-mail:** _____

How did you find out about us? Through

Radio ☐ Television ☐ Billboard ☐ Internet ☐
Mobile ☐ Handbill/Flyers ☐ Friends ☐ Newspapers ☐

NOTE:

There will be a computer based test on Mathematics and English Language. Basic knowledge of computer is adequate. Candidates **MUST** bring the following to the Examination hall;

- i) Receipt of payment of N8,000.00 for Application Form
- ii) Examination Materials- Pen, Mathematical Set, Rule, Eraser and Pencil only.
- iii) Completed Form

Purchase Location: _____

Examination Date & Venue: _____

ATTESTATION (SPONSOR)

I certify that the information given above is correct and dopledgetocomply with the school rules and regulations.

Name: _____

Signature: _____ **Date:** _____

OFFICIAL USE:

Purchase Location: _____

Admitted: _____ **Not Admitted:** _____ **Class Admitted To:** _____

Form Payment Receipt No: _____

Name of School Officer

Signature

Date