

# **Shalom Science and Technology Academy (SSTAC)**

**MOTTO:** The Rock that Never Fails

Telephone: (+234) 08037786597, 09099256745

### **Important Information.**

**Examination Dates:** Open (Please contact SSTAC for a date).

**Time:** 9am prompt.

Venue: Shalom Science and Technology Academy (SSTAC),

Opposite PRODA, PRODA junction, Industrial Layout, Emene. Enugu State.

Please Attach Recent Passport Photograph of Candidate.

Subjects to be taken: Mathematics, English language, Quantitative

Aptitude, Verbal Reasoning and Basic Primary Science.

Section 1a.

Student Information				
Surname:	Sex (M/F):	Date of Birth:		
First Name:	Other Names:	Nationality:		
Home Address:	Primary School Attended:	Religion:		

#### Section 1b.

Medical History (Please Tick appropriate answers)		
Any Disability? Yes or No Please Specify:		
Any Allergies? Yes or No Please Specify:		
Any Medical Issue we need to know about? Yes No		
<b>Please Note:</b> All parents/guardian must provide a full medical report of their child/ward on resumption. Medical report should contain Blood Group, Genotype, Infection test result including H.I.V and Hepatitis B and C		

#### Section 2a.

Parent/ Guardian Information			
Title:	Surname:		
First Name:	Other Names:		
Home Address:	Telephone Number:		
State of Origin:	Local Government of Origin:		
Father's Occupation:	Mother's Occupation:		

#### **DECLARATION**

I declare that the information I have provided in this form is to the best of my knowledge complete and correct. I understand that any willful misstatement renders me liable for disqualification. By signing this form, I agree to abide by the rules and regulations of SSTAC including staying back for extension classes especially external examination classes. I accept disciplinary measures.

Name of Student:	Signature of Student:	Date:
Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
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## Please Tick appropriate answer.

### How did you hear about us?

a. Leaflet b. Radio c. SSTAC marketing personnel d. Third party e. Social media d. Others

### Please make payment of N10,000 for registration form to:

**Account Name: Shalom Science & Technology Academy** 

**Account Number: 1014673358** 

Bank Name: Zenith Bank Plc.