



STUDENT INFORMATION

Full Name: _____

Date of Birth: _____ Place of Birth: _____ Gender: M ☐ F ☐
(DD/MM/YY)

Nationality: _____ Matricule No.: _____ Year Enrolled: _____

Previous School Attended:

(year) (town) (region) (certificate)

PROGRAM SOLICITED:

SPECIALTY: ☐ ARM ☐ EPS ☐ BESP ☐ ELN ☐ CJ ☐ CE-BC ☐ ACC ☐ MKT ☐ SAC ☐ HE

MEDICAL INFORMATION

Does your child have any illness? ☐ YES ☐ NO
If yes, please explain _____

Does your Child need medical attention in School? ☐ YES ☐ NO
If yes, please explain _____

Child's sight: ☐ Good ☐ Bad Hearing: ☐ Good ☐ Bad Speech: ☐ Good ☐ Bad

SPONSORSHIP DECLARATION

I, THE UNDERSIGNED, (DETAILS BELOW) HEREBY UNDERTAKE TO THE PAY THE FEES OF THE STUDENT CITED ABOVE.
TO STRICTLY ABIDE BY THE PAYMENT SCHEDULES FIXED BY THE SCHOOL AND NOT TO CLAIM ANY REIMBURSEMENT
IN CASE OF VOLUNTARY WITHDRAWAL AND/OR DISMISSAL OF MY CHILD FOR GROSS INDISCIPLINE
OR ACADEMIC POOR STANDING.

IN WITNESS WHEREOF, THIS UNDERTAKING HAS BEEN ISSUED TO SERVE THE INTENDED PURPOSE.

FULL NAME: _____ OCCUPATION: _____

ADDRESS : _____ TEL 1: _____ TEL 2: _____

I hereby declare that all the information provided in this form, including attached documents are true and accurate to the best of my knowledge.

From the foregoing, the student is hereby admitted into: CLASS: _____ SPECIALTY: _____

Done in, Bertoua _____ the, _____

Signature of Sponsor

Signature of School Authority