

Instructions:

- Please complete all sections of this form legibly
- Use black or blue ink.
- Attach all required documents as specified.
- Submit the completed form and supporting documents to the SHMA Admission Office.

Section 1: Personal Information

- First Name: _____
- Last Name: ________
- Gender:
 Male
 Female
 Other:

Section 2: Contact Information

- Email: _____
- Phone Number: _____
- Address:

Section 3: Academic Information

- Applying For:
 Pre-Nursery/Reception (2-5 years)
 Primary (6-11 Years) \Box Secondary (12-17 years)
- (If Applying for Reception): Applying to Class:
 Reception 1
 Reception 2 \Box Reception 3
- (If Applying for Basic): Applying to Class:
 Basic 1
 Basic 2
 Basic 3
 Basic 4 \square Basic 5
- (If Applying for Secondary): Applying to Class:
 JSS 1
 JSS 2
 JSS 3
 SSS 1 \square SSS 2 \square SSS 3 Previous School (If applicable):
- Last Class Completed (If applicable):





Estate Edjophe eremi Junction

🖻 info@shma.sc www.shma.sch.ng



New Layout Beside Kpohraror Estate Edjophe Off Otu-Jeremi Junction Ughelli South L.G.A Delta State

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Section 4: Document Checklist

- Please check the boxes to confirm that you are submitting the following documents:
 - D Birth Certificate or Proof of Age
 - D Previous School Report Card
 - □ Immunization Records
 - D Two Recent Passport-Sized Photographs (Please attach to this forms)
 - □ Transfer Certificate (If applicable)

Section 5: Parent/Guardian Information

- Parent/Guardian Name: ______
- Parent/Guardian Phone Number:______
- Parent/ Guardian Email: ______

Section 6: Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of this application.

- Parent/Guardian Signature: ______
- Date: _____

FOR OFFICE USE ONLY

- Date Received: _____
- Entrance Assessment Date: _____
- Interview Date (Secondary Applicants):
- Admission Decision:
 □ Accepted
 □ Rejected
 □ waitlisted
- Notes:
- Admissions Officer: ______
- Signature_____
- Date: _____