



CHRISTO JUNIOR SCHOOL

(Setting Standards in Modern Education)

Lot 1476 Vedoko (von en face College LABEL Vedoko),

Cotonou, Republique du Benin

Email: christoschools@gmail.com

Tel: 96 78 30 57 / 63 60 72 46

PASSPORT

APPLICATION FORM

STUDENT'S DETAILS

Surname: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: ☐ M ☐ F

Last School Attended: _____

Last Class Passed: _____ Class Anticipated: _____

Residential Address: _____

MEDICAL BRIEF

Blood Group:

Genotype:

Common Sickness (Brief Pls): _____

In case of Emergency contact: Dr's Name: _____

Hospital: _____ Tel:

PARENT'S/GUARDIAN'S DETAILS

Name: _____

Office Address: _____ Tel: _____

Home Address: _____ Tel: _____

Parent's/Guardian's Sign: _____

FOR OFFICE USE ONLY

Test Score:

Admission No

Class Recommended: _____

Head Teacher's Remark: _____

Registrar's Sign/Date _____



LES ECOLES CHRISTOS

(Etablir les standards dans l'éducation moderne)

Immeuble Kadja, C/1345D, Derrier Funai, Vedoko

Republic Of Benin

Email: christoschool@gmail.com

Tel: 96783057, +2347031211963, +2348036691712

PASSPORT

FORMULAIRE D'INSCRIPTION

Coordonnees de l'enfant

Nom: _____

Prenom (S): _____

Date de naissance: _____ Lieu de naissance: _____ Sexe: ☐ M ☐ F

Derniere ecole frequentee: _____

Derniere classe passee: _____ Classe anticipee: _____

Residential Address: _____

Information medicale

Groupe sanguin: Genotype:

Maladie reguliere (details): _____

En cas d'urgence: Contacte Nom du docteur : _____

Hopital: _____ Tel:

Cordonnees du parent/Tuteur

Nom: _____

Adresse du bureau: _____ Tel: _____

Adresse de la maison: _____ Tel: _____

Signature du parent/Tuteur:

Note du teste:

A usage interne

Classe recommandee:

Admission No

Remarque du directeur: _____

Signature du registraire/Date