



# JESUIT MEMORIAL COLLEGE

Elikpokwu-Odu Road, Mbodo Aluu,  
P. O. Box 18095, Port Harcourt, Rivers State, Nigeria  
[principal@jesuitmemorial.org](mailto:principal@jesuitmemorial.org)  
(234) 8147350617, (234) 8090099112  
[www.jesuitmemorial.org](http://www.jesuitmemorial.org)  
[www.facebook.com/jmcprincipal](https://www.facebook.com/jmcprincipal)

Fix passport  
photograph of  
**guardian** here.

## GUARDIAN FORM

*(PARENTS ARE TO COMPLETE THIS FORM ONLY IF THE STUDENT HAS A GUARDIAN.)*

PLEASE USE CAPITAL LETTER THROUGHOUT.

NAME OF STUDENT: \_\_\_\_\_  
*Surname* *First Name* *Other Name(s)*

## GUARDIAN'S INFORMATION

NAME: \_\_\_\_\_  
*Surname* *First Name* *Other Name(s)*

RELATIONSHIP TO STUDENT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please note that guardians act in place of the parents of a student especially if the school is unable to reach the parents. A student may have up to two guardians, in which case a separate form is to be completed for each guardian.**

## FATHER'S INFORMATION

NAME: \_\_\_\_\_  
*Surname* *First Name* *Other Name(s)*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## MOTHER'S INFORMATION

NAME: \_\_\_\_\_  
*Surname* *First Name* *Other Name(s)*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_