



JESUIT MEMORIAL COLLEGE

Elikpokwu-Odu Road, Mbodo Aluu,
P. O. Box 18095, Port Harcourt, Rivers State, Nigeria
principal@jesuitmemorial.org
(234) 8156328992, (234) 8147350617, (234) 8090099112, (234) 8171472454
www.jesuitmemorial.org | 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: _____