



## SECONDARY ENTRANCE ASSESSMENT AWARD APPLICATION FORM

Name of Member:

\_\_\_\_\_

LAST NAME	FIRST NAME	OTHER
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Member Account No: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Mobile: \_\_\_\_\_ Work Tel. No: \_\_\_\_\_ Ext: \_\_\_\_\_

Home Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Child:

\_\_\_\_\_

LAST NAME	FIRST NAME	OTHER
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Is the child a Member? YES [ ] NO [ ]

If YES: Account No \_\_\_\_\_

Relationship to a Member: SON [ ] DAUGHTER [ ]

OTHER [ ] (State) \_\_\_\_\_

S.E.A Registration No: \_\_\_\_\_

Primary School Attended: \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**

**NB:**

- 1) Please Submit a copy of the student's S.E.A. Results Certificate
- 2) **ONLY** Parents or Guardians can make the application on behalf of the Students.  
(Proof must be provided in the form of an Electronic Birth Certificate and/or Certificate of guardianship)

**Scholastic criteria for merit awards:**

- 1) Excellence – 90% and over
- 2) Very good – 80% - 89%
- 3) Good – 75% - 79%
- 4) Fair – 50% - 74%

DEADLINE FOR SUBMISSION