



SOUTHERN KADUNA PEOPLE'S EMPOWERMENT FOUNDATION (SOKAPEF)

Address: Old Diamond Bank Building Annex, Opp. Access Bank,
Kafanchan.

Phone: 09023661040, 09165837746

Email: sokapef@gmail.com

EXTRA MURAL CLASSES ENROLMENT FORM

BIO DATA

Full Names: _____

Age: _____ Gender: _____

Home Address: _____

Phone: _____

Email: _____

State of Origin: _____ LGA: _____

School: _____

Interest: JAMB WAEC (Please Tick ✓ appropriate)

Select Subjects interested in:

English	Maths	Biology	Chemistry
Physics	Literature	Economics	Geography
Government	Accounting	Commerce	Agric Civic Educ.

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

Occupation: _____

Applicants Attestation

I _____ do hereby attest that
the information provided are true. I also agree to abide by the rules and
regulations of the programme.

Signature & Date

FIX PASSPORT
PHOTOGRAPH
HERE