



ZAM ZAM ENGLISH ACADEMY

Gobirawa Primary School – Katsina Road, Kurna Asabe, Dala, Kano

2023 ENROLLMENT FORM (BATCH C)

FULL NAME: _____

PHONE NUMBER: _____ WHATSAPP NO.: _____ GUARDIAN NO.: _____

LEVEL OF EDUCATION: PRIMARY ☐ SECONDARY ☐ COLLEGE ☐ GRADUATE ☐ EXAMS ☐

SCHOOL ATTENDING: _____

DESIRED LEVEL OF STUDY: BEGINNER CLASS ☐ INTERMEDIATE ☐ ADVANCED CLASS ☐

WHAT SECTOR ARE YOU IN? BUSINESS ☐ EDUCATION ☐ AGRICULTURE ☐

SCHOOL FEES OPTION: MONTHLY ☐ TERMLY ☐ ALL AT ONCE ☐

PREFERRED TIME OF STUDY (PLEASE SELECT ONLY ONE BOX)

SATURDAYS AND SUNDAYS: **8 – 10 a.m.** ☐

SATURDAYS AND SUNDAYS: **11 to 01 p.m.** ☐

WRITING (PLEASE, WRITE BY YOURSELF)

ENGLISH:

- Why do you want to join the Academy?

ENGLISH:

- Have you attended any English class before? YES ☐ NO ☐ If yes, why did you leave?

DECLARATION:

I, _____, hereby agree and accept to fully participate in all activities in order to advance my English Language proficiency to fluency level within nine (9) months, and to earn a recognized certificate of English Mastery from Zam Zam English Academy at the end of my studies.

Sign: _____ Date: _____ Director's Sign: _____