

Students Information File

Students are to fill in the following information for back up reasons.

Full Name of student:

Age of Student:

Gender:

Residence of Student:

School of student:

Form of Student:

Course of Student:

Please tick the boxes below

Do you have challenges in Core Mathematics? Yes ☐ No ☐

Did you consult your parents before registering? Yes ☐ No ☐

Do you believe in online education? Yes ☐ No ☐

Have you experienced online education? Yes ☐ No ☐

Are you an ICT literate? Yes ☐ No ☐

I.....hereby agree to the terms and conditions binding Strictly Math Institution. And henceforth shall abide by every rules and regulations in respect to its backing.

Signature:

