



# ALL HALLOWS SEMINARY

P.M.B. 1717, ONITSHA



## ENTRANCE EXAMINATION FORM

Date of Entrance Examination: Saturday 9th March, 2024

### Candidate's Data

1.	Your Name:
2.	Your Father's Name:
3.	Your Mother's Name:
4.	Home Town:
5.	Residential Address:
6.	Are both Parents Living:
7.	(A) Father <input type="checkbox"/> (B) Mother <input type="checkbox"/>
8.	Do Your Parents/Guardian support your becoming a Seminarian? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Parents/Guardian's Phone Number:
9.	Are they prepared to pay all the fees involved in your training in the Seminary?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Date of Birth:
11.	Date of Baptism:
12.	Date of First Holy Communion:
13.	Date of Confirmation:
14.	Name of present School:
15.	In what class are you?
16.	Are you a Mass Server?
17.	Do you want to become a Catholic Priest?

**N.B:** After filling this form, enclose your entrance fee of ₦4,000 together with this form and send them to All Hallows Seminary, Onitsha on or before 1st March, 2024. Those below 10 or above 15 years of age by September, 2024 need not apply.

### FOR THE PARISH PRIEST/PARISH VICAR

I certify that the above Data are correct and true

(I) Rev. Fr's Name: .....

(ii) Name of Parish: .....

(iii) Rev. Fr's Signature, Stamp & Date: .....

Rev. Fr. Paschal OKONKWO  
(Rector)

For enquiries contact:  
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