

Plot 1, His Glory Avenue, Off Itokin Road, Near Caleb University,
Lejina, Ikorodu, Lagos, Nigeria.

Form No: -----

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ADMISSION APPLICATION FORM

Class Applied for

Exam Centre

A. STUDENT'S INFORMATION.

Name in Full
(Surname) (Other Name)

Date of Birth:// Age: Gender: Male Female

Place of Birth: State of Origin: (if Nigerian)..... LGA of origin:.....

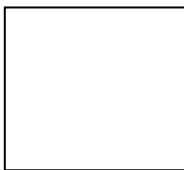
Nationality: Religion:

Residential Address:
.....

Postal Address:
.....

Last School Attended:..... Class:.....

Form No:



EXAMINATION SLIP

CANDIDATE'S NAME:
(Surname) (Other names)

EXAMINATION DATE: EXAM CENTRE:

B. PARENTS INFORMATION

Father's Name: Occupation:

Email: Mobile No:

Mother's Name: Occupation:

Email: Mobile No:

Name and Address of Guardian (Where parents are resident outside Lagos)

Name: Address:

Mobile No: Email Address:

Sibling(s) in KIA?: Name: Class:

Name: Class:

Name: Class:

*I certify that the above information is correct.

.....
Parent's signature and Date

*photocopy of birth certificate should be attached to this form during submission.

FOR OFFICIAL USE ONLY

Decision: *Admitted* *Not Admitted*

.....
Principal's Signature