

under the technical supervision of



UNILAG CONSULT LIMITED

University of Lagos Consultancy Services

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00190

		APPLICATION FORM					
INSTRUCTION: Attach a copy of	f your birth certif	ficate and 4 recent passport-size photographs.					
Complete form in block letters.							
INFORMA	TION ON S	TUDENT					
	Sumame	Forenames					
Date of Birth	-	Month Year					
Sex		Month Year Nationality					
State of OriginReligion							
I am applying for: PreschoolHigh School							
FROM	то	SCHOOL ATTENDED					
			ministed to smith				
4							
INFORMATI	ON ON FATHE	R					
Name		Surname Forenames	The same of the sa				
State of Origi	n						
Profession	Control of the Control	MARKET CONTRACTOR OF THE PARTY	TROUBLOWN A				
Employer							

Residential Address			
Tel No:	Residence):	
Email:			
INFORMATION ON N			
Name	Comments of the Comments of th	Forenames	
00100 .	Surname	rorenames	
State of Origin			
Employer			
Email:			
INFORMATION ON G	SUARDIAN		
Name	10 PK		of consequently by
	Surname	Forenames	
State of Origin			
Employer			
Residential Address			
Tel No:	Residence:		
Email:			
WHOM DOES THE C	HILD LIVE WITH?		
(Father, Mother, Father an	d Mother)		

INFORMATION ON SPONSOR	
Name	
State of Origin	
	Occupation
	Tel
MEDICAL REPORT	terbest (T) brooks T Brooks
	Address of the second s
Blood Group	Genotype
Do you have any special health problem	m? (Yes/No)
If yes, give details	
PERSON TO BE CONTACTED	IN EMERGENCY
NameSurname	
Relationship with child	
Address	
	Tel
Which Hospital do you prefer in Emerg	encies?
	Tel:

I pledge to abide by all the rules and regulations of this school.						
Student's Signature	Date					
Parent's/Guardian's Signature	Date					
THROUGH WHICH OF THESE MEDIA D	ID YOU KNOW ABOUT THE SCHOOL?					
Handbill Billboard	Teacher Parent					
Website Social Media	Student Online Advert					
Others:						
PRINCIPAL'S RECOMMENDATION After assessing the applicant, I find him/her fit	for admission to class					
Principal's Signature/Official Stamp Date						
OFFICIAL USE ONLY Date application was received						
ITEMS INCLUDED: YES or NO	RECEIVING OFFICER					
Birth Certificate	Name					
Passport Photograph	Signature					
Copy of last report	Date					

Sometimes we take photographs and video of children when they are invloved in various activities at our school. These could be used by the school for displays and to promote the works of Maximus in the media or any authorized third-party platform. If you do not wish for your child to be used in these please write to the principal.