



Building Excellent Students

First Name	
Last Name	
Other Name	
Date of Birth	
Gender	
Nationality	
State of Origin	
LGA	
Last School Attended	
Last Completed Class	
Class Applied For	

Title	
Surname	
Other Name	
Address	
Occupation	
Email Address	
Phone Number	
Alternative Phone Number	

SPONSOR 2 DETAILS (MOTHER)

Title

Surname

Other Name

Address

Occupation

Email Address

Phone Number

Alternative Phone Number

OTHER DETAILS

Student Language Spoken

Learning Challenges?

How did you hear about us?

DECLARATION

Parent / Guardian Signature

Date