



Claridge SCHOOL

66, Mojisola Street, Off College Road, Ifako Ogba, Lagos.
Tel: 0802 588 1989, 0803 488 1627
email: claridge_office@yahoo.com

Affix 4 Coloured
Passport Photographs

REGISTRATION FORM

Surname _____

Other Names _____

Date of Birth _____

Sex (Male/Female) _____

Nationality _____

State of Origin _____ LGA _____

FATHER

Names _____

Occupation _____

Office Address _____

Office Tel No./Fax _____

Home Address _____

Home Tel. No. _____

E-mail _____

MOTHER

Names _____

Occupation _____

Office Address _____

Office Tel No./Fax _____

Home Address _____

Home Tel. No. _____

E-mail _____

Names of Guardian (where applicant does not live with parents) _____

Address _____

Relationship/Status _____

Post code _____ Tel No. (Office) _____ (Home) _____

Fax _____ E-mail _____

Applicant's Previous School _____

Address of the School _____

Period of the School _____

Last Class attended at the previous school _____

Applicant's choice (Please, tick the appropriate box)

Requires transport facility? Yes No

Does the applicant have any disability

Yes

No

(If yes, kindly specify)

Does he/she use glasses? Yes No

Does the applicant have any of these specific health condition?

- Sickle Cell Anaemia
- Asthma
- Epilepsy
- Whooping Cough
- Diabetes
- Mental Illness
- Any other

Genotype AA

AS

SS

Has the applicant been immunized against the following:

- Yellow Fever?
- Mumps?
- Cholera?
- Measles?
- Chickenpox?
- Polio?

[Tick the appropriate
The applicants

an introvert an extrovert

How did you come to know the school?

- Newspaper
- Television
- Radio
- Billboard
- Poster/Fliers
- Student
- Staff
- Parent
- Internet

N.B: Attach the photocopies of the following compulsory document on submission:

- A copy of the birth certificate
- Transcript/Last Report / Testimonial
- 4(four) recent colour passport photographs
- Medical report (either from the family doctor or certified clinic)

I,..... certify that the above information is correct and promise to abide by the rules and regulations of the school

Applicant's Signature & Date

Parent's / Guardian's Signature & Date

FOR OFFICIAL USE ONLY

Exam No. _____

Exam Score ENGLISH MATHS TOTAL PERCENTAGE

Date of Admission: _____

Remark: PASSED FAILED Admitted on Undertaking