



CHRISTOWER INTERNATIONAL SECONDARY SCHOOL

COLLEGE: 14/16 Agboola Street, Temidire Quarters Ibafo, Ogun State.
P. O. Box 691, Redemption Camp, Lagos Ibadan Expressway
Tel: 08162909419, 08062199956, 08056066659
e-mail: christowercis@yahoo.com

No. 0001501

APPLICATION FOR ADMISSION

PLEASE AFFIX
CANDIDATES
RECENT
PASSPORT
PHOTOGRAPH

Parent/Guardian should complete this form IN FULL and submit it to the principal

1. STUDENT'S DETAILS

- a. Name of Student
- b. Date of Birth..... Place of Birth
- c. Sex: Male Female
- d. State of Origin Local Govt. Area Religion
- e. Contact Address:
- f. Postal Address: Telephone
- g. Current Class..... E-mail
- h. Former School.....
- i. Desired Class
of Entry

2. Health details; Do you suffer any permanent disabilities or illness? Yes/No Give details

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3. PARENTAL DETAILS

Father's Name

Occupation

Telephone

Contact Address

.....

E-mail Address:

Mother's Name

Occupation

Telephone No.

Home Address

E-mail Address

DECLARATION: I..... confirm that the information given above is correct. I am prepared to pay the school fees and all necessary fees of my child/children/ward as may be determined by the school authority

Signature & Date

Relationship