

OFFICIAL USE ONLY	
DATE:	
CLASS:	
ADMISSION NO:2+\7+/	
REGISTRATION/EXAM NO:	

Address: 107, Ago Palace Way, Okota, Lagos. Hotline: ,07025005226, 07025005228

admin@canadianghs.com, www.canadianghs.com

FORM NO:

ADMISSION APPLICATION FORM

STUDENT'S DETAILS: FIRSTNAME: LASTNAME: **AFFIX** GENDER: **PHOTOGRAPH** DATE OF BIRTH: **HERE** NATIONALITY:_____ STATE OF ORIGIN: _____ HOMETOWN: _____LG OF ORIGIN: PLACE OF BIRTH: RELIGION: RESIDENTIAL ADDRESS: _____ LANGUAGES: _____ PRESENT CLASS: _____PRESENT SCHOOL: _____ STUDENT'S SIGNATURE: DATE: **PARENT/GUARDIAN DETAILS:** FIRSTNAME: LASTNAME: RELATIONSHIP TO PROSPECTIVE STUDENT: TELEPHONE NUMBER: OCCUPATION: CONTACT ADDRESS: SIGNATURE: DATE:

	LASTNAME:	
RELATIONSHIP TO PROSPECTIVE STUDENT	:	
TELEPHONE NUMBER:	OCCUPATION:	
CONTACT ADDRESS:		
SIGNATURE:	DATE:	
	FOR OFFICIAL USE:	
COUNSELOR'S SIGNATURE:	DATE:	
REGISTRAR'S SIGNATURE:	DATE:	
PRINCIPAL'S SIGNATURE:	DATE:	
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