

GOVERNMENT APPROVED

2-8 Ekundayo Str, Off Yidi Bus Stop, Command Road, Oke Ishagun

Ipaja, Lagos State

Tel: 07054851255, 08185733515, 08029479203

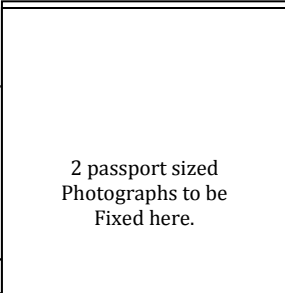
E-MAIL: hightreeschoolsltd@gmail.com

WEBSITE: hightreeschoolsltd.org ExaminationNo:

COLLEGE FORM

NAME OF APPLICANT:-----
 (Surname in capital) (Other names in capital)
SEX:----- **AGE:**-----
RELIGION:-----
STATE OF ORIGIN:----- **LGA**-----
CONTACT ADDRESS:-----

NATIONALITY:-----



PARENT/GUARDIAN OF APPLICANT DATA

NAME:-----
ADDRESS:-----
OCCUPATION:-----
E-MAIL ADDRESS:-----
TELEPHONE NO.:-----
RELATIONSHIP:-----

SCHOOLS ATTENDED BY APPLICANT

NAME & ADDRESS OF SCHOOL(S)	PERIOD OF STUDY	EXAMINATION PASSED	HEAD OF SCHOOL
i.			
ii.			
iii.			

GUARANTOR

I guarantee that this Applicant is well known to me and will be of good conduct and behavior in the College if admitted.
 I strongly recommend him/her for admission into your College.

Full Name:-----
 Relationship:-----
 Address:-----
 Signature:-----
 Date:-----

MEDICAL HISTORY OF THE APPLICANT

ALLERGIES TO MEDICATION	
ANY OTHER CHALLENGE(S)	
OTHER REMARKS	

PLEASE TICK THE BOX IF DATA IS AVAILABLE

TWO PASSPORT PHOTOGRAPHS OF APPLICANT
 TRANSFER CERTIFICATE FROM PREVIOUS
 SCHOOL DULY CERTIFIED, STAMPED & SIGNED
 BY THE PRINCIPAL

LAST REPORT OF PREVIOUS SCHOOL
 BIRTH CERTIFICATE (photocopy)

 SIGNATURE OF APPLICANT

 SIGNATURE OF PARENT/GUARDIAN