



HIGH TREE SCHOOLS

GOVERNMENT APPROVED

16/18 Benjamin Obire Street Off Powerline Okunola, Egbeda,

Lagos State.

Tel: 07054851255, 080294789203, 08096601469

E-MAIL: hightreeschoolsltd@gmail.com

WEBSITE: hightreeschoolsltd.org

Examination No:

PRIMARY SCHOOL FORM

2 passport sized
Photographs to be
Fixed here.

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 Primary School if admitted.

I strongly recommend him/her for admission into your Primary School.

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 HEADMISTRESS.

LAST REPORT OF PREVIOUS SCHOOL
BIRTH CERTIFICATE (photocopy)

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIAN