



# CENFEX High School

A18, Mokola Estate, Ibadan | Phone: 0803 714 5814, 0816 851 7164

## Admission Form

Passport

This application must be completed and returned with two(2) passport photographs; photocopy of pupil birth certificate & Testimonial

### Personal Information

Form No: \_\_\_\_\_

Names: \_\_\_\_\_

Surname(Capital)

Firstname

Middlename

Sex:  Female  Male

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Day

Month

Year

Email Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

State of Origin: \_\_\_\_\_

LGA: \_\_\_\_\_

Home Town: \_\_\_\_\_

### Parent's/Guardian's Information

Names: \_\_\_\_\_

Title

Surname(Capital)

Firstname

Middlename

Relation to Child:  Father  Mother  Guardian

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Office Address: \_\_\_\_\_

### Medical History

Please give or attach details of physical defects or disabilities, illnesses or other such matter about which the school ought to know

Name & Address of Child's Usual Medical Practitioner: \_\_\_\_\_

Mobile #: \_\_\_\_\_

### Educational History

Name of Present School/Last School Attended & Address: \_\_\_\_\_

Present Class/Last Class Attended: \_\_\_\_\_

(PRY-5, GRD-6, JSS-1, SSS-1)

Head Teacher's/Principals's Signature,  
Date & School Stamp

Parent's/Guardian's Signature & Date

By signing this form, you attest that information about your ward is correct.