

Please pin or clip 2 PASSPORT SIZE PHOTOGRAPHS (Do not use glue)

APPLICATION FOR ADMISSION

1.	Surname			
	First names: (please underline the name generally used)			
1.	Date of Birth:	Place of Birth:	Religion:	
	State of Origin:	Nationality:	Sex:	
	Proposed date of entry:	September 2		
2.	Father's title & full name:		ar a	
	Father's address:	1 · · · · · · · · · · · · · · · · · · ·		
	Father's occupation:		,	
	Home Telephone:	Office Telephon	e:	
	Mobile:	E-mail:		
3.	Mother's title & full name:			
	Mother's address: (if different from above)			
	Mother's occupation:			
	Home Telephone:	Office Telephon	e:	
	Mobile:	E-mail:	a de la companya de	
4.	Names of other siblings attending the school:			
		,		
	i.	· ii.	Iii,	
5.	Please give names and telephone numbers of 2 other people to contact in an Emerge		ople to contact in an Emergency:	
	Name:	Relationship to pupil:	Tel:	
	Name:	Relationship to pupil:	Tel:	
6.	Name and address of last school:			
	Name of Head:	Date atter	nded:	
7.	Please give information about any specific health requirements or other disabilities:			

DECLARATION

We request that our child be registered as a prospective pupil. A non-returnable registration fee of			
time as circumstances require and will apply in all our dealings with the school.			
First signature: Date:			
Name in full:			
Relationship with child:			
Second signature:Date:			
Name in full:			
Relationship with child:			
Diversity of the completed Designation Form at least two weeks before resumption to			
Please return duly completed Registration Form at least two weeks before resumption to: The Admission Office, Ocean Crest School, Lekki-West, Lagos			
 A copy of the child's birth certificate 			
2. Two copies of the child's recent passport photograph			
For Office use only:			
Admittance Date: Registration No:			
Class: House placed			
Interview / Test:			
Comment:			
Signature: Date:			