

Affix 4 Coloured
Passport Photographs

ENTRANCE FORM



**CALEB BRITISH
INTERNATIONAL
SCHOOL**

MAGODO: Kayode Odusola Crescent,
Ikosi GRA, off CMD/Magodo Rd., Magodo
e-mail: calebcollege@yahoo.com

LEKKI: Abijo G.R.A., Along Lagos-Epe
Expressway Abijo, Lekki, Lagos, Nigeria.
P. O. Box 51188 Ikoyi, Lagos
Tel: 08176530889, 08020551032
e-mail: calebritish@gmail.com info@calebbis.com
website: www.cbis.ng

LONDON OFFICE: Bizspace Camberwell,
Camberwell Business Centre, Unit 200,
99 - 103, Lomond Grove, Camberwell,
London SE5 7HN. Tel: +447907344624

Surname

Other Names

Date of Birth Sex: Male Female

Nationality: State of Origin: LGA

FATHER

MOTHER

Names

Occupation

Office Address

Home Address

Telephone: Home

Office

Mobile

E-mail

Names

Occupation

Office Address

Home Address

Telephone: Home

Office

Mobile

E-mail

GUARDIAN (where applicant does not live with the parents)

Names

Occupation

Office Address

Home Address

Telephone: Home Office

Mobile E-mail

Applicant's Previous School

Address of the School

Period of stay in the School

Last class attended at the previous School

Applicant's choice (Please, tick the appropriate box)
 If day admission, does the applicant require transport facility?
 Does the applicant have any disability?
 (If yes, kindly specify)

Day Admission
 Yes
 Yes

Boarding Admission
 No
 No

Does he/she use glasses? Yes No
 Does the applicant have any of these specific health conditions?
 Sickle Cell Anaemia
 Asthma
 Epilepsy
 Whooping Cough
 Diabetes
 Mental illness
 Any other _____

Genotype: AA AS SS
 Has the applicant been immunized against the following:

Yellow Fever?
 Mumps?
 Cholera?
 Measles?
 Chickenpox?
 Polio?

How did you come to know the School?

Newspaper
 Television
 Radio
 Billboard
 Posters/Flyers
 Student
 Staff
 Parent
 Internet

N.B. Attach the photocopies of the following compulsory documents on submission:

- A copy of Birth Certificate
- Transcript/Last Report/Testimonial
- 4 (Four) recent colour passport photographs
- Medical report (either from the family Doctor or certified clinic)

I, certify that the above information is correct and promise to abide by the rules and regulations of the School.

Applicant's Signature & Date _____

Parent/Guardian's Signature & Date _____

FOR OFFICIAL USE ONLY

Exam No: _____
 Exam Score: ENGLISH MATHS TOTAL PERCENTAGE
 Date of Admission: _____
 Remark: PASSED FAILED Admitted on Undertaking: