



# CANTERBURY INTERNATIONAL HIGH SCHOOL

5, Lapai Close, Off Kemfat Street Thomas Estate Ajah, Lekki.  
Tel: 08099997816, 01-4537303

Passport  
Photograph

## REGISTRATION FORM

### STUDENT'S

CIHS/APLFO: \_\_\_\_\_

Class Applied For \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Surname in Capitals)* *(Other names in Capitals)*

Sex: \_\_\_\_\_ Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Origin: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Class : \_\_\_\_\_ Year: \_\_\_\_\_

### FATHER MOTHER

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

### GUARDIAN (if different from Parents)

Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

### HEAD TEACHER/HEAD OF SCHOOL

I guarantee that this applicant is well known to me and shall be of good conduct and behaviour. I strongly recommend him/her for admission into your High School.

Full Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Signature & Stamp

## MEDICAL INFORMATION

Give short details on your child's medical report e.g allergies, genotype, asthma, convulsion, etc.

### FOR OFFICIAL USE

(Tear off and bring to the Exam and Interview) CIHS/APLFO \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Candidate's Signature: \_\_\_\_\_

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