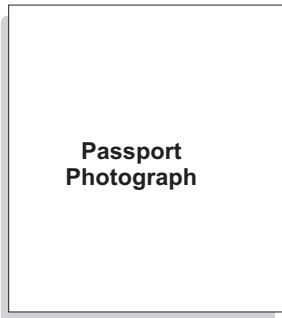




GLORIOUS PLACE

CANTERBURY INTERNATIONAL SCHOOL

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



REGISTRATION FORM

Class Applied For Grade _____

Date: _____

STUDENT'S

Name: _____
(Surname in Capitals) *(Other names in Capitals)*

Preferred Name (In School) _____ Sex _____

Date of Birth: _____ State of Origin: _____ Place of Birth: _____

Religion: _____ Age: _____ Nationality: _____

Contact Address: _____

Permanent Address (if different from above) _____

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: _____

MEDICAL INFORMATION

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