CHRIST AMBASSADORS INTERNATIONAL COLLEGE

EXCELLENCE OUR STANDARD… INTEGRITY OUR WATCHWORD!

Alaafin Avenue, Oluyole Estate, Ring Road, Ibadan.
Website: www.christambassadorscollege.com
E-mail: info@christambassadorscollege.com
Tel: 07045196127, 07045308415

REGISTRATION FORM

(YEAR 7)

Please complete this form clearly in BLOCK LETTERS

Gender M F

Applicant's Signed Photograph

Not more than six (6) months old

1. STUDENT'S DETAILS

Surname, first name and other name(s) of student (as registered on birth certificate)

_____

Surname *First* *Middle*

Date of Birth _____ /_____ /_____ Place of Birth _____

DD *MM* *YYYY*

Home Address _____

_____

_____

State of Origin: _____ L.G.A: _____

Nationality: _____ Religion: _____

Schools Attended:

1. Name _____

City/Country _____ Class _____ Year _____

2. Name _____

City/Country _____ Class _____ Year _____

Award(s) Received (Please attach evidence) _____

Hobbies _____

Current Class _____

Brief Medical History _____

_____

Blood Group _____ Genotype _____

Allergies _____

2. PARENT / GUARDIAN DETAILS

Name of Father _____ Nationality _____

E-mail address _____ Mobile No _____

Home Address _____

_____

Occupation _____

Company Name & Address _____

_____

Name of Mother _____ Nationality _____

E-mail address _____ Mobile No _____

Home Address _____

_____

Occupation _____

Company Name & Address _____

_____

Name of Guardian (if applicable) _____ Nationality _____

E-mail address _____ Mobile No _____

Home Address _____

_____

Child lives with ☐ Both parents ☐ Father ☐ Mother ☐ Guardian

Applicant's Choice (Please tick the appropriate box**).** ☐ Day ☐ Boarding
☐ Computer Based Test ☐ Written Test

3. ADDITIONAL DETAILS

How did you know about the school? ☐ Television ☐ Radio ☐ Exhibition ☐ Social Media ☐ Friend/Family
☐ Others (Kindly specify) _____

Why have you chosen to attend C.A.I.C.? ☐ Academic Excellence ☐ Infrastructure/Facilities ☐ Pastoral care
☐ International Curriculum ☐ Spirituality ☐ Others (Kindly specify) _____

Name of Current Head of School/Principal _____

E-mail Address _____

Mobile Number _____

NOTE:

- Please attach 2 passport photographs (not more than 6 months old)
- Attach copies of: **(1)** Birth Certificate
  (2) Transcript/Last Report/Testimonial
  (3) Medical Report where necessary
- Students will only be considered for examination when the Registration Form has been completed and returned.
- Christ Ambassadors International College shall ensure that the school environment is conducive for the welfare and education of your children in our care. Every action and decision taken by the Management of the school will be made in consideration of what is in the best interest of the child, relevance to local and international policies.

To the best of my knowledge, I _____ parent/guardian of _____ understand that all the details in this form are correct and that the application fee is non-refundable.

_____ **Parent's Signature & Date**

_____ **Head Teacher's Signature & Date**

FOR OFFICIAL USE ONLY

Examination No: _____

Exam Score: **ENGLISH** ☐ **MATHEMATICS** ☐ **TOTAL** ☐ **PERCENTAGE** ☐

Date of Admission: _____

Remark: **PASSED** ☐ **FAILED** ☐ **Admitted on Undertaking:** ☐

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REGISTRATION FORM (YEAR 7)

Applicant's Signed Photograph

Not more than six (6) months old

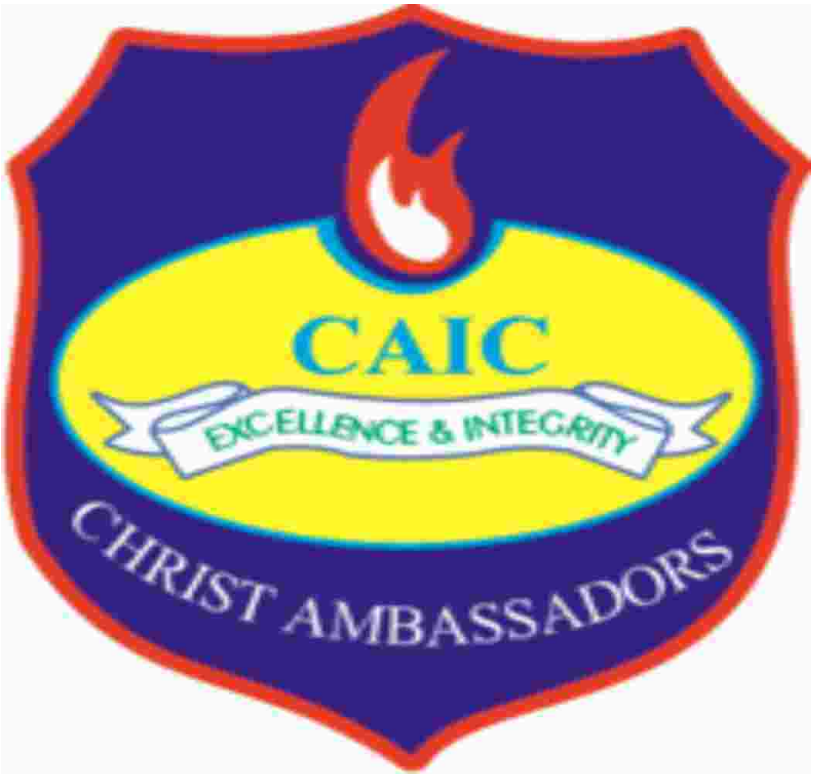
Exam. No _____ Exam. Centre _____

Name of Candidate _____

Date _____ Time _____

_____ _____

Parent's Signature & Date **Head Teacher's Signature & Date**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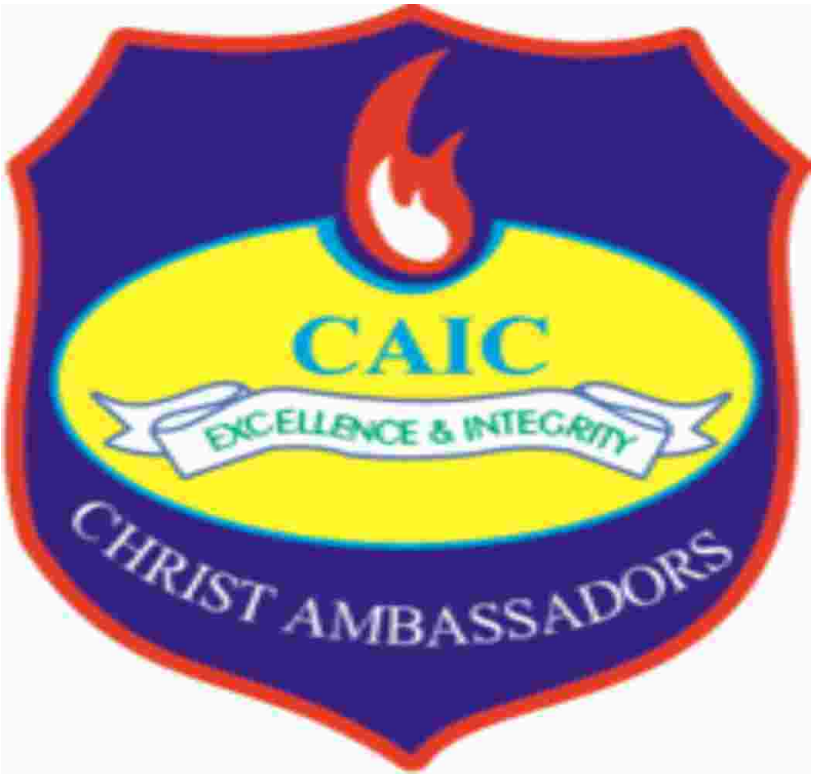
CHRIST AMBASSADORS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