GLOBALINK PATHWAY COLLEGE

gpcadmissions1@gmail.com
+2347066515584, +2348090199875
Plot 25, Ayodele Fanoiki Road, Magodo Phase 1 Estate, Magodo , Lagos

APPLICATION FORM

Application Date ____ / ____ / ____

STUDENT INFORMATION

Name _____ _____ _____
Surname name First name Middle name

Gender ○ Male ○ Female **Date of Birth** ____ / ____ / ____

Home Address _____

State _____ **Nationality** _____

Phone Number _____ **Email** _____

PARENTS INFORMATION

Father's Name _____

Occupation _____ **Phone Number** _____

Email _____

Address _____

Mother's Name _____

Occupation _____ **Phone Number** _____

Email _____

Address _____

EDUCATIONAL BACKGROUND

Previous School Attended:

1. Name: _____ Duration: From _____ To _____
2. Name: _____ Duration: From _____ To _____

O-Level Result (Exam 1):

Subject: _____ Grade: ____ Subject: _____ Grade: ____
Subject: _____ Grade: ____ Subject: _____ Grade: ____
Subject: _____ Grade: ____ Subject: _____ Grade: ____
Subject: _____ Grade: ____ Subject: _____ Grade: ____

O-Level Result (Exam 2):

Subject: _____ Grade: ____ Subject: _____ Grade: ____
Subject: _____ Grade: ____ Subject: _____ Grade: ____
Subject: _____ Grade: ____ Subject: _____ Grade: ____
Subject: _____ Grade: ____ Subject: _____ Grade: ____

GLOBALINK PATHWAY COLLEGE

gpcadmissions1@gmail.com
+2347066515584, +2348090199875
Plot 25, Ayodele Fanoiki Road, Magodo Phase 1 Estate, Magodo , Lagos

APPLICATION FORM

ACADEMIC INTEREST

Intended Course of Study _____

Intended Study Destination _____

Please indicate your preferred mode of schooling with us ◯ Day ◯ Boarding

MEDICAL INFORMATION

Does your child have any health needs or concerns we should be aware of? ◯ Yes ◯ No
If yes, please explain

_____

_____

Please note: Upon Resumption at the college a recent medical report will be requested.

ADDITIONAL INFORMATION

Referee (Last School Principal/Counsellor)

Name _____

Phone Number _____ **Email** _____

Position _____

Guardian (Non-Lagos Residents)

Name _____

Phone Number _____ **Email** _____

Relationship _____ **Occupation** _____

DECLARATION

Applicant Declaration: I confirm that the information provided in this form is accurate to the best of my knowledge.

Applicant Signature _____ Date ____ / ____ / ____

Parent Declaration: I confirm that I have reviewed the information provided by my ward.

Parent Signature _____ Date ____ / ____ / ____

Completed Form can be emailed to us.