Occupation		
Employer/Self Employed		
Employer's Address		
Business Phone		

Application Checklist

☐ Copy of last 2 term's Report Cards	☐ 2 Passport size Photographs
☐ Copy of school Leaving Certificate (After successful admission)	☐ Copy of Birth Certificate and Passport

Declaration to be signed by Parent/Guardian. I CERTIFY that the information provided herein is true and valid.

To be independently completed by student:

Why do you want to come to INTERNATIONAL COLLEGE IBEFUN	
Signature (Parent/Guardian)	Date

Describe a moment in your life where you learnt a hard lesson. What did you learn and how did it help shape your character?

Please list your hobbies

Signature: (student)	**Date**

INTERNATIONAL COLLEGE IBEFUN

CENTRE FOR EXCELLENCE

KM 12, Old Ijebu-Ode-Lagos Road, Lagos/Ogun Boundary Town, IBEFUN, Ogun State. P.O. Box 5243, Marina, Lagos.
TELEPHONE: 0805 0752 207, 0805 0752 208, 08163601 638
E-MAIL: admissions@internationalcollegeibefun.com, internationalcollegeibefun@yahoo.com
WEB: www.internationalcollegeibefun.com

Applicant Information

Last Name:	First Name:	Middle Name(s)
DOB (Day, Month, Year)	Age at Entry	Gender
		☐ Male ☐ Female
Applying for grade		Academic Term
Religion	Nationality	Principal Language spoken at home
Name and Address of Current School		
Has your child ever been suspended or expelled from any school before? If so explain below:		
Does your child have any medical or psychological conditions? Please provide details/ relevant documentation		

Family information

	Father/Guardian	Mother/Guardian
Surname		
First Name, Middle Initial		
Mr./Mrs./Dr.		
Home Address		
Home Phone		
Cell Phone		
Home Email		
Business Email		