JEXTOBAN SECONDARY SCHOOL

Since 1995

APPLICATION FORM

Tel: +2348167871888 Lagos, +23481607044632 Lagos State.
Tel:+2348162769282 Ogun State
E-mail: admission@jextoban.com, info@jextoban.com, jextoban@gmail.com
Website: www.jextoban.com

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Since 1995

APPLICATION FORM FOR_____/_____

ACADEMIC SESSION

Passport Photograph

1.0 CAMPUS PREFERENCE

JEXTOBAN LAGOS STATE		JEXTOBAN OGUN STATE	
DAY ☐	BOARDING ☐	DAY ☐	BOARDING ☐

2.0 STUDENT BIO-DATA

SURNAME	FIRST NAME	OTHER NAME
MALE ☐ FEMALE ☐	☐☐☐☐☐☐☐☐	
GENDER	DATE OF BIRTH	
NIGERIA ☐ OTHER _____		
NATIONALITY	STATE OF ORIGIN	LOCAL GOVERNMENT AREA

3.0 STUDENT INFORMATION

PRESENT SCHOOL	CURRENT CLASS
ADDRESS OF SCHOOL	

3.1 STUDENT INFORMATION

SCHOOL (S) ATTENDED	DATE	REASON FOR LEAVING FIRST SCHOOL	SCHOOL CONTACT TELEPHONE

4.0 ACHIEVEMENT RECORDS OF STUDENT

S/N	ACTIVITY	DATE
1		
2		
3		
4		
5		

5.0 PARENT INFORMATION (MOTHER)

SURNAME	OTHER NAME	TITLE: MS/MRS/MR/DR
OCCUPATION	POSITION/HELD	NATIONALITY
OFFICE ADDRESS	EMAIL ADDRESS	
MOBILE TELEPHONE	HOME TELEPHONE (IF ANY)	

5.1 PARENT INFORMATION (FATHER)

SURNAME	OTHER NAME	TITLE: MS/MRS/MR/DR
OCCUPATION	POSITION/HELD	NATIONALITY
OFFICE ADDRESS	EMAIL ADDRESS	
MOBILE TELEPHONE	HOME TELEPHONE (IF ANY)	

6.0 PLEASE INDICATE WITH WHOM THE CHILD IS MAINLY RESIDENT

MOTHER ☐	FATHER ☐	BOTH PARENT ☐	GUARDIAN ☐

7.0 GUARDIAN INFORMATION (IF CHILD IS NOT LIVING WITH PARENTS)

SURNAME	OTHER NAME	TITLE: MS/MRS/MR/DR
OCCUPATION	POSITION/HELD	NATIONALITY
OFFICE ADDRESS	EMAIL ADDRESS	
MOBILE TELEPHONE	HOME TELEPHONE (IF ANY)	

8.0 MEDICAL INFORMATION

ANY MEDICAL OR HEALTH CONDITION?	YES ☐	NO ☐

IF YES, PLEASE SPECIFY:

9.0 DECLARATION

This is to certify that the information provided on behalf of our child is correct, furthermore the school has our consent to review such information provided including medical records in order to safeguard and promote the welfare of our child.

SIGNATURE OF PARENT 1 /GUARDIAN	SIGNATURE OF PARENT 2 / GUARDIAN
DATE	DATE
FULL NAME OF PARENT 1 / GUARDIAN	FULL NAME OF PARENT 2/ GUARDIAN

10.0 THE COST OF APPLICATION FORM IS #10,000 PAYABLE TO JEXTOBAN SECONDARY SCHOOL, F.C.M.B. PLC Acct: 0337559038

11.0 PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE ATTACHED

1. Evidence of payment of the cost of Application form.
2. Scanned copy of applicant birth certificate.
3. Two recent passport photographs of applicant (passport must not be less than 6 months old)
* 4. For transfer student, a copy of transcript must be attached.

FOR OFFICE PURPOSE ONLY

Jextoban Secondary School 1/3, Ibadan Street, Alapere, Ketu, Lagos State. **Tel:** +2348167871888 Lagos, +23481607044632
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