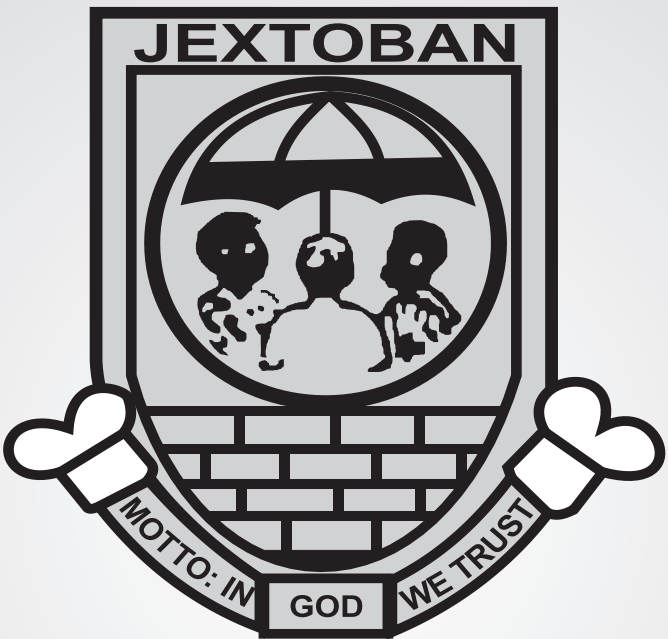


JEXTOBAN SECONDARY SCHOOL



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



JEXTOBAN SECONDARY SCHOOL
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