VICSUM PRIVATE SCHOOLS
*NURSERY *PRIMARY *COLLEGE
8/10, Sowande Street, Omole Phase II, Ikeja, Lagos.
Tel: 07027689689, 07028071687, 01-7404754

AFFIX
PASSPORT

STUDENT'S REGISTRATION FORM

1. Surname: _____
2. Other Names: _____
3. Age: _____ 4. Sex: _____ 5. Date of Birth: _____
6. Contact Address: _____
7. Religion: _____ 8. State of Origin: _____
9. Name & Address of person to contact in case of emergency: _____

   _____

   Telephone: _____
10. Name & Address of parents / sponsor / guardian (underline the appropriate one)

    _____

    _____

    Telephone: (a) Father: _____ (b) Mother: _____
11. Any Physical Defect: _____
12. Occupation of Mother: _____

    Address: _____
13. Occupation of Father: _____

    Address: _____
14. Occupation of Guardian: _____

    Address: _____
15. Name and Address of Last School (if any):

    _____

    _____
16. Last Class: _____
17. Reason for Leaving school: _____
18. I _____ hereby declares that the information given above is true to the best of my knowledge and agree to abide by the rules and regulation of the school.

_____ _____

Student's Sign Parents / Guardian

Attached to this form (i) The photocopy of your last result; if available
(ii) Birth Certificate