



BRITISH INTERNATIONAL SCHOOL VICTORIA ISLAND, LAGOS

Photo of
Applicant

STUDENT REGISTRATION FORM PLEASE WRITE IN BOLD LETTERS

Surname: _____

First Names: _____

Date of Birth: _____ Age _____

Medical Conditions or Allergies (If applicable): _____

Preferred Date for Entrance Exam: _____

Male: (please tick) Female: (please tick)

Nationality: _____ Religion: _____

Current School: _____ Current Class: _____

Class applying for: _____ Date of admission: _____

Boarding student: (please tick) Day Student: (please tick)

MOTHER'S INFORMATION

Surname: _____

First Name: _____

Company Name: _____ Occupation: _____

Company Address: _____

Work telephone no: _____ Mobile Tel no: _____

Email Address: _____

Home Address: _____

Home telephone no: _____

Marital Status _____ Custody details: _____

FATHER'S INFORMATION

Surname: _____

First Name: _____

Company Name: _____ Occupation: _____

Company Address: _____

Work telephone no: _____ Mobile Tel no: _____

Email Address: _____

Home Address: _____

Home Telephone no: _____

Marital Status: _____ Custody details _____

Parent Signature: _____ Date: _____