



STUDENT REGISTRATION FORM

Passport

STUDENT'S NAME

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS:

STREET _____ L.G.A OF ORIGIN _____ STATE _____
COUNTRY _____

CONTACT:

PHONE NUMBER: 1 _____ 2 _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

GENDER: MALE ____ FEMALE ____

LANGUAGES SPOKEN 1 _____ 2 _____

PARENT/GUARDEN'S INFORMATION:

NAME OF PARENTS

FIRST NAME _____ LAST NAME _____

CONTACT:

PHONE NUMBER 1 _____ 2 _____

ADDRESS:

STREET _____ L.G.A _____ STATE _____
COUNTRY _____

OCCUPATION _____

REMARK