**Cherryfield College** 

JIKWOYI, ABUJA

Preparing Children for Greatness

No. CT19, Cherryfield College Street,
Phase 1, Jikwoyi, Along Nyanya-Karshi Road, FCT, Abuja.
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Email: info@cherryfieldcollege.com | principal@cherryfieldcollege.com
www.cherryfieldcollege.org.ng

Tel: 07037073858, 08036925761, 08063200284, 09033490015

Affix Recent Passport Photograph

## APPLICATION FORM

Other Names	Sex:	M F
Other Names  Date of Birth:		
Year	City/country	Class
A	-	
	r <sub>y</sub>	
	L.G.A	
tate: Nationality:		
pation: Office Address/Tel:		
email:	ş(	
Nationality:		
Office Address/Tel:		
email		_
Mother Fath	ner Gaurdian C	
	or interest to the	
	Other Names  Year  Nationality Office Addres email:  Office Addres email: email:	Year   City/country     L.G.A     Nationality:     email:     Office Address/Tel:     Office Address/Tel:     email:     Office Address/Tel:     email:     email:

please mention them here.	the candidate of the family situation which are relevant to this application
What is your blood group? Is Your Child Asthmatic? YE	
DECLARATION	
Before signing the enrolment avoid any misunderstanding.	form, please read the clauses as highlighted on the Declaration Carefully to
To the best of my knowledg	e, the details outline on this form are correct.
I will encourage my child/w	ard to abide by the school rules and regulation
Name:	Relationship to the child: Father Mother Guardian
Signature:	Date:
For offical use only	
Entrance examination Score:	Comment:
Recommendation:	
Class admitted into	
NOTE: 1 Attach photoc	opy of Birth Certificate,

2 Completed form should be returned to place of purchase within two weeks