



Corona Schools' Trust Council

Corona Secondary Schools

▪ **Corona Secondary School, Agbara:** Yenagoa Road, Agbara Estate, Ogun State.
Tel: 0818 807 2489, 0803 714 9002. email: cssinfo@coronaschools.org
▪ **Corona Day Secondary School, Lekki:** Block 35, Corona Drive, Abijo GRA Scheme 2,
Ibeju – Lekki, Lagos, Nigeria. Tel: 0809 056 5455 email: cdssinfo@coronaschools.org
Website: www.coronaschools.org

ADMISSION FORM



Class Applied for Year Agbara (Boarding) Lekki (Day) Exam Centre

A. STUDENT'S INFORMATION:

1. Name: _____ Surname _____ (Please print)

Other Names _____ (Please print)
2. Gender: _____ Date of Birth: _____
3. Place of Birth: _____
4. Nationality: _____
5. State of Origin: (If Nigerian) _____
6. Religion: _____
7. Residential Address: _____

8. Postal Address: _____
9. Present School and Class: _____

B. PARENTS INFORMATION:

10. Father's Name: _____ Occupation: _____
Email: _____ Phone: _____
11. Mother's Name: _____ Occupation: _____
Email: _____ Phone: _____
12. Name and Address of Guardian (where applicable)

Tel. No: (Home) _____ (Office) _____
E-mail Address: _____
13. Sibling(s) in Corona School?
Name: _____ School: _____ Class: _____
Name: _____ School: _____ Class: _____
Name: _____ School: _____ Class: _____

C REFERRAL RECORD:

How did you hear about us?
Social Media:
☐ Facebook ☐ Instagram ☐ Twitter ☐ Website ☐ Google ☐ Others
Parents: Please share name: _____
Staff: Please share name: _____
Alumni: Please share name: _____
Others: Specify: _____
* **I certify that the above information is correct.**

Parent's Sign & Date Head Teacher's Signature/ Stamp & Date

FOR OFFICIAL USE

Decision: **Admitted** ☐ **Not Admitted** ☐

Principal's Signature

Corona Secondary Schools
EXAMINATION SLIP

Lekki (Day) ☐

Agbara (Boarding) ☐

Candidate's Name: _____
Preferred Center of Examination: _____
Time and Date of Examination: _____

