

**STUDENT REGISTRATION FORM****1. PERSONAL DATA**

Surname

First Name

Other Names**Gender:** Male / Female**Marital Status:** Single / Married / Other

State of Origin

L.G.A

Affix
passport
photograph

Address

Telephone 1

Telephone 2

Email Address**2. NEXT-OF-KIN DETAILS**

Emergency Contact

Relationship

Telephone**3. TRAINING DETAILS**

Program of Study

Course Fee

Start Date

End Date

Total No. of Weeks

Days of Training: MON TUE WED THU FRI SAT SUN _____ Days Each Week

4. ACKNOWLEDGEMENT

I hereby acknowledge the information above are accurate, which contain my personal information and details about the training I am to receive.

By signing below, I hereby acknowledge that I fully understand the terms and conditions of the training and wish to abide by the rules and guidelines of the training centre. The student and the training centre will retain a copy of this registration form.

Name

Sign**5. APPROVAL (Official Use Only)**

The registration form was received, reviewed and approved by:

Name & Sign

Date