



# KINGSMEAD COLLEGE

DAY & BOARDING

6-8, Kingsmead Street, off Eruwen Road, Ikorodu, Lagos.

Tel: 09056565674, 08086519682

## REGISTRATION FORM

*Thank you for your choice of Kingsmead College, Ikorodu, Lagos.  
We are prepared to work closely with this young achiever for the progressive realisation  
of his/her potential, thereby becoming a change maker and exceeding your expectations.  
Please meticulously supply the information required on this form*

### PERSONAL DATA

Names \_\_\_\_\_  
Surname First Name Other Name

Residence \_\_\_\_\_

Sex \_\_\_\_\_ Religion \_\_\_\_\_ Next of kin \_\_\_\_\_

Nationality \_\_\_\_\_ State of Origin \_\_\_\_\_ LGA \_\_\_\_\_

Next of kin's Home Address \_\_\_\_\_

Next of kin's Office Address \_\_\_\_\_

Next of kin's Phone Number \_\_\_\_\_

### ACADEMIC RECORDS

| FROM | TO | NAME & ADDRESS OF SCHOOL |
|------|----|--------------------------|
|      |    |                          |
|      |    |                          |
|      |    |                          |

Last Performance in Class in Percentage \_\_\_\_\_

Student's Main Cognitive (Academic) Skills \_\_\_\_\_

Student's Cognitive (Academic) Weakness \_\_\_\_\_

Other skills possessed by Student (e.g. musical, computer, social, dance,  
leadership skills, etc) \_\_\_\_\_

### FATHER

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Whatsapp No \_\_\_\_\_

Email Address \_\_\_\_\_

### MOTHER

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Office Address \_\_\_\_\_

Phone Number (s) \_\_\_\_\_ Whatsapp No \_\_\_\_\_

Email Address \_\_\_\_\_

**GUARDIAN** (applicable only if the student is not resident with his/her parent (s))

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Office Address \_\_\_\_\_

Phone Number (s) \_\_\_\_\_ Email Address \_\_\_\_\_

Pertinent family history (for example, if either or both parents are deceased, if parents are separated and divorced or re-married, etc) Please be as specific as possible and attach additional sheet

**GENOTYPE** AA ☐ AS ☐ SS ☐

**BLOOD GROUP** AA ☐ A- ☐ B+ ☐ B- ☐ O+ ☐ O- ☐ AB+ ☐ AB- ☐

**HEALTH** Does the student have any optical challenge? \_\_\_\_\_

Please specify, if yes \_\_\_\_\_

Does the student use glasses? \_\_\_\_\_

Does the student have any physical disability? \_\_\_\_\_

Please specify, if yes. \_\_\_\_\_

Does the student have any learning disability? \_\_\_\_\_

Please specify, if yes. \_\_\_\_\_

Does the student have any allergy? \_\_\_\_\_

Please specify, if yes. \_\_\_\_\_

Does the student have any of the following health conditions?

Sickle Cell Anaemia Yes ☐ No ☐

Asthma Yes ☐ No ☐

Epilepsy Yes ☐ No ☐

Diabetes Yes ☐ No ☐

Any other? Please specify.

Who is responsible for student's pick up? \_\_\_\_\_



## IN CASE OF ANY EMERGENCY

Should there be any emergency please who should the College contact?

Name \_\_\_\_\_ Relationship with the Student \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

## MEANS OF AWARENESS

How did you get to know about the School? Please tick appropriately

Newspaper ☐ Television ☐ Radio ☐

Billboard ☐ Posters/Flyers ☐ Student ☐

Staff Member ☐ Parent ☐ Website/the Internet ☐

Passing by/Physical Sighting ☐

## REQUIRED DOCUMENTS

Please the following documents should be attached to the completed form on submission:

1. Four recent passport - size photographs
2. A copy of the student's birth certificate
3. A copy of the student's last school report/transcript/testimonial
4. Report of medical fitness from General Hospital

## ATTESTATION

I..... solemnly attest that the above information is, to the best of my knowledge, accurate and promise to work hard, be the best I can be and abide by the School ethics in consonance with the Constitution of the Federal Republic of Nigeria of 1999 (as amended).

.....  
Student Signature & Date

.....  
Parent's/Guardian's Signature & Date

## FOR OFFICIAL USE ONLY

Examination Number \_\_\_\_\_ Maths ☐ English ☐ General Studies ☐

Overall Percentage \_\_\_\_\_ Passed ☐ Failed ☐

Admitted on Merit \_\_\_\_\_ Admitted on Undertaking ☐ Date of Admission ☐

Remark \_\_\_\_\_

.....  
Registrar's Name, Signature & Date