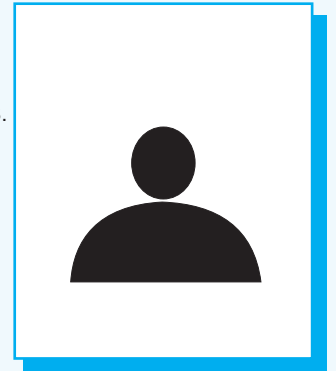




EXCEL COLLEGE DAY & BOARDING

15, ANSARUDEEN STREET, OFF EGBE ROAD, ILE-EPO BUS STOP, EJIGBO, LAGOS.
Tel.: 08187959866, 08033081562, 09095329232, 08033333640.
E-mail: info@excelcollegelagos.com, excelcollegeejigbo@yahoo.com.
Website: www.excelcollegelagos.com

FORM NO. **B**



ADMISSION FORM (TO BE FILLED IN BLOCK LETTERS)

2 0 / **2 0** SESSION

DATE: DD MM YEAR

NAME (SURNAME)

(FIRST NAME) (OTHER NAME)

DATE OF BIRTH DD MM YEAR PLACE OF BIRTH

SEX RELIGION

STATE OF ORIGIN

LOCAL GOVT. AREA

LAST SCHOOL ATTENDED

FROM TO LAST CLASS

INTENDED CLASS DAY BOARDING STUDENT'S SIGNATURE

NAME OF PARENT/GUARDIAN (SURNAME)
 (FIRST NAME) (OTHER NAME)

RESIDENTIAL ADDRESS

POSTAL ADDRESS

HOME TOWN

LOCAL GOVT. AREA

STATE RELIGION

OCCUPATION / PROFESSION

PLACE OF WORK

OFFICE ADDRESS

E-MAIL

TELEPHONES: 1
2

PARENT/GUARDIAN SIGNATURE

POINT OF PURCHASE OF FORM

PLEASE TURN OVER

CANDIDATE'S NAME (SURNAME)

(FIRST NAME) (OTHER NAME)

EXAMINATION DATE DD MM YEAR

FORM NO. **B**

PARENT/GUARDIAN

STUDENT

COME ALONG WITH THIS SLIP TO THE EXAMINATION CENTRE

