CACTUS INT'L SCHOOLS

47/49, Goodluck Avenue, Off Abaranje Road, Ikotun, Lagos.
Tel/Fax: +234-1-7935987; (0)805-5403652; (0)803-3462529.
Email: cactusintlschools@hotmail.com

ADMISSION FORM

Name of Student.....
(Surname First)

Address.....

Date of birth..... Age last birthday.....

Place of birth..... Sex.....

State of origin..... Nationality.....

School last attended.....

1. From..... To.....
2. From..... To.....
3. From..... To.....

PARENTS ADDRESS IF DIFFERENT:

FATHER	MOTHER
Name.....	Name.....
Occupation.....	Occupation.....
Tel:.....	Tel:.....

Guardian (if not parent):

Name.....

Address.....

Occupation.....

Is your child able to go to and from school alone? Yes No

If not, what provisions are you making for him/her .....

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Will you like your child to be transported to and from school by the school bus?

Yes No

Date:..... Signature:.....

(Parent/Guardian)