



# CHRIST THE KING INTERNATIONAL SCHOOL

15, ADEOLA RAJI AVENUE, ATUNRASE ESTATE, GBAGADA  
P.O. BOX 2190, SHOMOLU-LAGOS

Tel: 0803329139, 08023703432, 08060118736,  
01-8515332, 01-8508061  
www.ckis.org



FORM NO

NO: 0000690

## ENTRANCE EXAMINATION FORM

FULL NAME (IN BLOCK LETTERS): SURNAME .....

..... FIRST NAME ..... MIDDLE NAME .....

DATE OF BIRTH: ..... SEX: .....

STATE OF ORIGIN.....

LOCAL GOVERNMENT AREA.....

RESIDENTIAL ADDRESS.....

POSTAL ADDRESS:.....

NAMES AND ADDRESS OF PARENTS.....

TELEPHONE: ..... EMAIL: .....

ARE YOU DISABLE: (BLIND, DEAF, DUMB, LAME) IF SO, STATE NATURE OF DISABILITY

### PRIMARY SCHOOL ATTENDED

(A) NAME AND ADDRESS:.....

(B) LOCAL GOVERNMENT AREA.....

(C) STATE.....

(D) YEAR ADMITTED INTO PRIMARY ONE.....

(E) PRESENT CLASS.....

COMPLETE THE FORM ATTACHED AND BRING IT TO THE EXAMINATION HALL



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FORM/EXAMINATION NUMBER.....

NAME.....

ADDRESS.....

EXAMINATION DATE.....

