

Please attach your  
2 passport  
photographs here  
with name on  
reverse



# CHRIST THE KING INTERNATIONAL SIXTH FORM COLLEGE

15, Adeola Raji Avenue, Atunrase Estate, Gbagada, Lagos.  
Tel: 0803329139, 08023703432, 08060118736,  
01-8515332, 01-8508061  
www.ckis.org

For Office Use

Fee: \_\_\_\_\_

Date: \_\_\_\_\_

Code: \_\_\_\_\_

## APPLICATION FORM

Surname of student: _____	Other names: _____
Title: (Mr., Mrs., Miss, Ms., Other) _____	Date of Birth: _____
Address of student (during term): _____ _____	Name and address of Parents. _____ _____
Telephone Number: _____	Telephone Number: (Day) _____
Fax No.: _____	(Eve) _____
Nationality _____	E-mail Address: _____
Name and Address of one Referee: (normally the student's Principal)	Name and Address of Guardian or person in loco parentis during term time (if applicable)
Name in full _____	_____
Address _____	_____
Telephone No.: _____	Telephone Number: (Day) _____
Fax No: _____	(Eve) _____
	Fax No: _____

Future Course of Study (Career)		
_____	_____	_____
_____	_____	_____



Student Personal Statement: (Any other information you would like us to know, e.g. sport and social interests, posts of responsibility held, career interests, previous achievements etc.

I, hereby, acknowledge that I have read the prospectus of the college and agree to abide by the regulations of the college and undertake to be of good behaviour.

Signature of Student: \_\_\_\_\_ Start Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Details of Person Responsible for paying Fees:**

Name: \_\_\_\_\_ Tel: (Day) \_\_\_\_\_

Address: \_\_\_\_\_ (Eve) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax No: \_\_\_\_\_

I undertake to pay the fees as they are due and either to give the required notice of cancellation or withdrawal, or to pay the required fees in lieu of notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Acceptance: Yes:  No:  Course applied for: \_\_\_\_\_

Assessment Staff No: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions (if any): \_\_\_\_\_

Signature of Admissions Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Enrolment Code: \_\_\_\_\_ Student's Identification No.: \_\_\_\_\_

Fees Received (Naira): \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Signature of Accountant: \_\_\_\_\_ Date: \_\_\_\_\_