



**BRITISH INTERNATIONAL SCHOOL
VICTORIA ISLAND, LAGOS**



**STUDENT REGISTRATION FORM
PLEASE WRITE IN BOLD LETTERS**

Surname: _____
First Names: _____
Date of Birth: _____ Age _____
Medical Conditions or Allergies (If applicable): _____

Preferred Date for Entrance Exam: _____

Male: (please tick) Female: (please tick)
Nationality: _____ Religion: _____
Current School: _____ Current Class: _____
Class applying for: _____ Date of admission: _____
Boarding student: (please tick) Day Student: (please tick)

MOTHER'S INFORMATION

Surname: _____
First Name: _____
Company Name: _____ Occupation: _____
Company Address: _____

Work telephone no: _____ Mobile Tel no: _____
Email Address: _____
Home Address: _____

Home telephone no: _____
Marital Status _____ Custody details: _____

FATHER'S INFORMATION

Surname: _____
First Name: _____
Company Name: _____ Occupation: _____
Company Address: _____

Work telephone no: _____ Mobile Tel no: _____
Email Address: _____
Home Address: _____

Home Telephone no: _____
Marital Status: _____ Custody details _____
Parent Signature: _____ Date: _____