

CAYLEY COLLEGE

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Form No.....

APPLICATION FORM

Affix One
Passport
Photograph

WRITE IN BLOCK LETTERS, PLEASE.

NAME: _____
Surname First Other

GENDER: MALE FEMALE

DATE OF BIRTH: _____ AGE: _____

NATIONALITY: _____ STATE OF ORIGIN: _____

PRESENT/LAST SCHOOL: _____

PRESENT CLASS: _____

CLASS INTO WHICH ADMISSION IS SOUGHT: _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____

OCCUPATION: _____

OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE OF PARENT/GUARDIAN & DATE: _____

CANDIDATE'S SIGNATURE & DATE: _____

NAME & SIGNATURE OF HEADMASTER/HEADMISTRESS: _____

NAME: _____

SIGNATURE & DATE: _____

SCHOOL STAMP