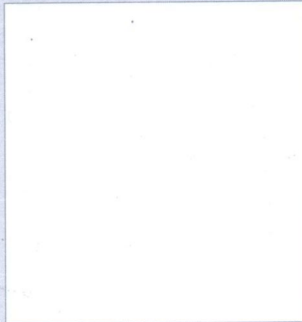


# TUNWASE HIGH SCHOOL

22 Akinola Cole Crescent, off Adeniyi Jones Avenue, Ikeja, Lagos.  
Tel: 0802 315 9919, 01 - 890 4907  
E-mail: edu@tunwasehighschool.com  
Website: www.tunwasehighschool.com



## STUDENTS ADMISSION FORM

ENROLMENT No 224

Class Applied for: .....20...../20.....Session  
(Please complete this form in CAPITAL LETTERS)

### PERSONAL DETAILS

1. The Student

Name \_\_\_\_\_ Other Names \_\_\_\_\_  
(Surname first)

Sex

Male

Female

Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Date of Birth (Birth Certificate required) \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

2. Parents

Father's Name (In full) \_\_\_\_\_

Mother's Name (In full) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone Mother \_\_\_\_\_  
\_\_\_\_\_

Occupation of Father \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_



Occupation of Mother

Name and Address  
of Employer

Contact Phone  
Number

E-mail

3. About You Future Ambition

Please state your hobbies and sporting interest

Medical information

Do you have any injuries or medical condition that require special attention No Yes (If yes Please specify)

Family Hospital and Address

Allergies

Blood Group

Genotype

4. Contact  
Address  
(in case of  
Emergency)

Name

Address

Relationship

Telephone

5. Educational  
Background

**EDUCATIONAL DETAILS**

Name of Current or Previous School

Date attended: from

To

School Address

Current Class

Telephone Number

E-mail Address of School

Head Teacher or someone to whom we can apply on academic reference



6.

GUARANTOR

I guarantee that the applicant.....  
is well known to me and shall be of good conduct and behaviour, I strongly recommend him/  
her admission into your school.

Full Name.....

Telephone Number.....Relationship.....

Address.....

Signature.....Date.....

7. Signature  
of Parents

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Date

Day	

Month	

Year	