



OXBRIDGE TUTORIAL COLLEGE

49, Sobo Arobiodu Street, GRA, Ikeja, Lagos. | 44, Niyi Okunubi Street, Lekki Phase 1, Lagos.
E: admissions@oxbridgecoll.ng W: www.oxbridgecoll.com
Tel: +234-8170526734, +234-8170526777

Please choose your preferred campus: GRA Campus Lekki Campus

STUDENT DETAILS

APPLICATION FORM

BLOCK LETTERS ONLY

(Name as it appears on international passport)

SURNAME:

OTHER NAMES:

STUDENT'S PHONE:

STUDENT'S E-MAIL:

ADDRESS:

DATE OF BIRTH: M F RELIGION

PREVIOUS SCHOOL & ADDRESS:

ACADEMIC QUALIFICATION: IGCSE WAEC OTHER

PARENTS' DETAILS

FATHER'S NAME:

PROFESSION & COMPANY:

PHONE 1 PHONE 2

E-MAIL:

MOTHER'S NAME:

PROFESSION & COMPANY:

PHONE 1 PHONE 2

E-MAIL:

HAS ANY OF YOUR OTHER CHILD(REN) ATTENDED OTC? YES NO HOW MANY?

IF YES, PLEASE STATE FULL NAME(S) & YEAR OF ENROLLMENT AT OTC:

STREAM AT OTC

- 2 YEARS A-LEVEL (AS & A2) AMERICAN EDUCATION PROGRAM (AEP)
- 1 YEAR ACCELERATED A-LEVEL (AAL) NCUK INTERNATIONAL FOUNDATION YEAR (IFY)
- NCUK 2-YEAR PROGRAMME (IFY + INTL. YEAR ONE)

SUBJECTS:

Please note, compulsory subject: IFY - EAPPU; A LEVELS - KEY SKILLS AND PROJECT BASED LEARNING

CAREER CHOICE: PREFERRED DESTINATION OF STUDY:

BOARDING YES NO

GUARDIAN IN LAGOS:

PHONE NO: EMAIL:

MEDICAL INFORMATION

To support and help all our students better, we appeal that parents please discuss any underlying medical conditions with the Head of School upon enrollment.

MEDICAL CONDITION (IF ANY) GENOTYPE:

ALLERGIES (Food, Drugs or other items) BLOOD GROUP:

DOCUMENTS TO BE SUBMITTED IN SOFT COPY (admissions@oxbridgecoll.ng)