



Please tick the box against preferred programme

NCUK-IFY PROGRAMME CAMBRIDGE "A" LEVEL SAT & TOEFL PRE-MED. PROG.

20____ / 20____ Academic Session

Name _____
(SURNAME IN CAPITAL) (OTHER NAMES IN CAPITAL)

Sex _____ Age _____

Date of Birth _____ Place of Birth _____

Religion _____

Town & State Of Origin _____

Contact Address _____

Permanent Address (if Different From Above) _____

Local Language _____

Nationality _____

Proposed Course Of Study _____

Do You Apply For Full Boarding Yes No

A passport seized
photograph
to be fixed here

PARENT / GUARDIAN

Name _____

Address _____

Occupation _____

Email Address _____

Telephone No. _____

Relationship _____

LOCAL / GUARDIAN

Name _____

Address _____

Occupation _____

Email Address _____

Telephone No. _____

Relationship _____

SECONDARY SCHOOLS ATTENDED

Name & Address of School(s)	Period of Study/ Examination Passed	Head of School
(I)		
(II)		
(III)		

"O" LEVEL RESULTS

Examination	Year	Subject	Grade

GUARANTOR

I guarantee that this applicant is well known to me and I will be of good conduct and behaviour. I strongly recommend him/her for admission into Chrisland.

Full Name _____

Relationship _____

Address _____

E-mail address _____ Signature _____ Date _____

MEDICAL HISTORY

Allergies to medication _____

Any other challenge(s) _____

Other Remarks _____

PLEASE TICK THE BOX IF DATA IS AVAILABLE

Two Passport Photographs

Last Report Of Previous School

School Certificate

Birth Certificate (photocopy)

Signature of Parent/Guardian _____

FOR OFFICIAL USE ONLY

REMARKS _____

Signature _____ Date _____