



JS High School

33^A, Adebola Ojomu Street, Aguda Surulere, Lagos.
Tel: 08069754059, 0809 368 2904,

Affix Two
Passport
Photograph

ADMISSION FORM NO: _____

SURNAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

AGE: _____ **PRESENT CLASS:** _____

CLASS TO BE ADMITTED INTO: _____

PARENT'S NAME (FATHER): _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

PHONE NO (S): _____

NAME/ADD. OF LAST SCHOOL ATTENDED: _____

REASON FOR LEAVING: _____

Please attach photocopy of student's birth certificate and return to the School's Administrative Department.

FOR OFFICE USE ONLY

SCORES IN TEST: _____ **ADMITTED INTO:** _____

DATE: _____ **ADMISSION NO:** _____

APPROVED BY: _____ **SIGNATURE:** _____
