



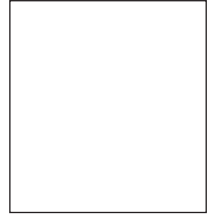
EVANGEL COLLEGE

(Govt. Approved)

Chief Esan Way, Off Church B/stop, Km 23, Badagry Expressway, Okokomaiko, Ojo, Lagos.

P. O. Box 227, Festac Town, Lagos. Tel: +234 (080) 35451386

Email: info@evangelcollege.com.ng



REGISTRATION/ADMISSION FORM

PART A

- (1). SURNAME: _____ OTHER NAME: _____
- (2). SEX: _____
- (3). RESIDENTIAL ADDRESS: _____
- (4). POSTAL ADDRESS: _____
- (5). TEL: _____
- (6). RELIGION: _____
- (7). DENOMINATION: _____
- (8). STATE OF ORIGIN: _____
- (9). LOCAL GOVERNMENT OF RESIDENCE: _____
- (10). DATE OF BIRTH: _____
- (11). LAST SCHOOL ATTENDED: _____
- (12). LAST CLASS ATTENDED: _____
- (13). NAME OF PARENT/GURDIAN: _____
- (14). OCCUPATION OF PARENT/GUARDIA: _____

PART B

(a) Disable _____ (b) Normal _____

(1) CLASS INTO WHICH YOU ARE SEEKING ADMISSION (Tick as Appropriate)

- JSS1
- JSS2
- JSS3

- SSS1
- SSS2
- SSS3

(2) CO-CURRICULAR ACTIVITIES: _____

PART C

(2) (DECLARATION/PLEDGE)

I, _____ hereby declare that all the information given in this form is to the best of knowledge, correct, any false or incomplete information in this in this form will automatically disqualify me from being considered for admission into or continuing with my studies in this college.

I also pledge to abide by the school Rules and Regulations unconditionall.

Student's Signature

Date

FOR OFFICIAL USE ONLY

ADMISSION

Admitted

Not Admitted

PRINCIPAL'S SIGNATURE