



EDGE LANE SCHOOL

3 Obasi Ikenga Close, Off Audu Street
2nd Junction, Governor Road Ikotun
P O Box 15257 Ikeja Lagos.
e-mail: info@edgelaneschool.com
Web: www.edgelaneschool.com

Affix coloured
passport-sized
photograph

Form No:.....

APPLICATION FORM

Name:

(Surname First)

Sex: Date of Birth:

Parent's Name: Father's Occupation:

Home Address:

Class for which admission is sought:

Telephone: State of Origin:

Parent's Attestation

I hereby confirm that this applicant is my son/daughter/ward. The information given is true of him/her. The attached photograph is a true resemblance of the applicant. I accept to abide by the School's Terms and conditions.

Note:

Where another person other than the parents will be collecting the child, please specify here: Yes / No. If Yes, please attach a passport photograph duly signed at the reverse by the parent. Please specify the name of the person whose photograph is attached:

Name: Signature & Date:

Office Use:

Signature & Stamp: Date:

For office Use:

<p><i>Admission Officer's Remarks:</i></p> <p>.....</p> <p><i>Admission No.:</i></p> <p><i>Signature and Date:</i></p>
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