



# EL-CRYSTAL STAR COLLEGE

40, Oje Olorunfemi Steet, Olorunfemi B/Stop, LASU/Isheri Rd., Lagos, Nigeria  
63/67, Oje-Olorunfemi Street, Egan-Igando, Lagos, Nigeria.  
Tel: +234-1-8134617, 08025364886, 08034930996, 08028911509  
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Affix child's  
recent  
photograph

## ADMISSION FORM

NUMBER: 00.....

PLEASE FILL IN THE INFORMATION BELOW IN BLOCK LETTERS.

DATE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

1. SURNAME OF STUDENT: \_\_\_\_\_

2. OTHER NAMES IN FULL: \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

4. SEX OF STUDENT: MALE  FEMALE

5. RELIGION: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

6. NATIONALITY: \_\_\_\_\_

7. LAST SCHOOL ATTENDED \_\_\_\_\_ LAST CLASS ATTENDED: \_\_\_\_\_

8. LAST ACADEMIC REPORT (TO BE SUBMITTED DURING INTERVIEW)

9. CLASS APPLYING: JUNIOR  J.S.S 1  J.S.S 2  J.S.S 3  Art  Commercial  Science   
SENIOR  S.S 1  S.S 2  S.S 3

10. DAY  OR BOARDING

11. STATE OTHER EXTERNAL EXAMINATION(S) TAKEN. \_\_\_\_\_

12. STUDENT HOBBIES: \_\_\_\_\_

13. STUDENT'S E-MAIL ADDRESS: \_\_\_\_\_

14. FATHER/GUARDIAN'S NAME: \_\_\_\_\_

IF PERSON RESPONSIBLE FOR PAYMENT OF FEES IS NOT FATHER OR GUARDIAN OF THE CHILD,  
STATE NAME, ADDRESS AND OCCUPATION OF PERSON WHO IS SO RESPONSIBLE

15. FATHER'S BUSINESS OR OCCUPATION \_\_\_\_\_

16. (A) BUSINESS ADDRESS: \_\_\_\_\_

17. TELEPHONE NUMBER: \_\_\_\_\_

(B) HOME ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

18. MOTHER'S NAME:

(A) BUSINESS ADDRESS: \_\_\_\_\_

(B) TELEPHONE NUMBER: \_\_\_\_\_

(C) HOME ADDRESS: \_\_\_\_\_

(D) TELEPHONE NUMBER: \_\_\_\_\_

## HEALTH INFORMATION

18. STATE ANY PHYSICAL DISABILITY IN THE FOLLOWING AREAS AND THICK

**SIGHT:** TOTAL BLINDNESS  PARTIAL BLINDNESS  CLEAR VISION  NEED AID   
ASTHMATICS  AUTISM  RICKETS  DEAFNESS

19. ANY OTHER HANDICAP \_\_\_\_\_

20. BLOOD GROUP: O<sup>+</sup>  A  AB  B  O<sup>-</sup>

21. GENOTYPE: AA  AS  AC  SS

22. HEIGHT \_\_\_\_\_

23. WEIGHT \_\_\_\_\_

24. ANY ALLERGIES IF YES, NAME THEM \_\_\_\_\_

25. DO YOU HAVE A FAMILY DOCTOR? YES  NO  NAME: \_\_\_\_\_

26. NAME OF HOSPITAL: \_\_\_\_\_

27. ADDRESS OF THE HOSPITAL \_\_\_\_\_

28. TELEPHONE NO.: \_\_\_\_\_

29. WHO REFEREED YOU TO EL-CRYSTAL STAR COLLEGE? \_\_\_\_\_

30. WHY ARE YOU INTERESTED IN THE EL-CRYSTAL STAR COLLEGE? \_\_\_\_\_

31. WHO TAKES THE RESPONSIBILITY OF THE CHILD'S SCHOOL FEE? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

32. PREVIOUS CLUB FROM YOUR PREVIOUS SCHOOL \_\_\_\_\_

33. PREVIOUS POSITION/GRADE HELD: \_\_\_\_\_

34. DO YOU PLEDGE TO COMPLY WITH ALL THE RULES AND REGULATIONS WHICH THE SCHOOL MAY DEEM NECESSARY FOR PROPER OPERATION OF THE SCHOOL AS WELL AS THE CHILD

YES  NO

35. DO YOU HAVE OTHER CHILD / CHILDREN / RELATION IN THIS SCHOOL?

NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

## DECLARATION BY STUDENT

I \_\_\_\_\_

DECLARE THAT THE INFORMATION STATED IN THIS ADMISSION FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT IN EVERY DETAIL. I THEREFORE PROMISE TO ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL IF ADMITTED.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NEW ENROLMENT \_\_\_\_\_ RE-ENROLMENT \_\_\_\_\_

## DECLARATION BY PARENT

I \_\_\_\_\_

HEREBY DECLARE THAT THE INFORMATION I HAVE GIVEN IN THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FATHER: \_\_\_\_\_

MOTHER \_\_\_\_\_

### FOR OFFICIAL USE ONLY

A. CLASS ADMITTED TO \_\_\_\_\_ DATE \_\_\_\_\_

B. RECEIPT NUMBER FOR PAYMENT \_\_\_\_\_

C. ADMISSION NUMBER: \_\_\_\_\_

D. DOCUMENT REQUIRED/ENCLOSED \_\_\_\_\_

1. BIRTH CERTIFICATE OR DECLARATION YES  NO

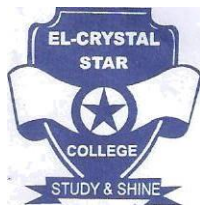
2. 2 PASSPORT SIZED PHOTO YES  NO

ENTRANCE TEST SCORE: \_\_\_\_\_ ACCEPTED  YES  NO CONDITIONALS

INTERVIEWED/RECEIVED BY: \_\_\_\_\_

COMMENTS. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_



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NUMBER: 00.....

NAME OF CANDIDATE \_\_\_\_\_

CLASS APPLIED FOR: \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

*(PLEASE COME WITH THIS EXAMINATION SLIP ON ENTRANCE EXAMINATION DAY)*