CITADEL INTERNATIONAL COLLEGE

P.O Box 261, Ikare - Akoko, Ondo State

APPLICATION FOR ADMISSION

EXAM NO: | | | |

A. APPLICATION TO CLASS | | **ACADEMIC YEAR:** | | /

B. INFORMATION ON CANDIDATE

SURNAME

OTHER NAMES (underline preferred first name)

SEX(B/G): | | DATE OF BIRTH: | | | | | | NATIONALITY

STATE OF ORIGIN(for Nigerians):

LAST PRIMARY SCHOOL with ADDRESS

LAST JS SCHOOL (if any) with ADDRESS

Affix passport photograph here

C. INFORMATION ON PARENT OR GUARDIAN

SURNAME

OTHER NAMES

PERMANENT ADDRESS

RELATIONSHIP

OCCUPATION

NATIONALITY

TEL. NO:

TICK (✓) DAY | | BOARDING | |

E. DECLARATION BY CANDIDATE & GUARDIAN

I declare that the information above is true.

Candidate's signature.....

Gaurdian's signature.....

Date:.....

Date.....

CANDIDATE'S EXAMINATION SLIP

(To be detached and produced at exam centre)

EXAM NO:

SURNAME FIRST NAME & INITIALS

VENUE

EXAM DATE | | | | | | | |

Signature & Date:

Affix passport photograph here