

VIRTUAL SUMMER SCHOOL REGISTRATION FORM

Please carefully read and complete this form. Kindly return the completed form with a non-refundable deposit of ₦2 000 to The 16 Plus School 4 Obokun Street, off Coker Road, Ilupeju, Lagos. Tel: 08038210023, 09021620654, 080166499901.

First Name (s): _____

Surname of Student: _____

Address: _____

First Language (if not English): _____ **Date of Birth:** _____

Nationality: _____ **Religion:** _____

Gender: Male/Female

Any Special Needs?

YES

NO

IF YES, SPECIFY

Contact: _____ **E-mail:** _____

WhatsApp Contact: _____

Current School: _____

Current Class: _____

PARENTS' CONTACT:

Physical address: _____

E-mail: _____

Phone No: _____

IN CASE OF EMERGENCY:

Full Name: _____

Physical address: _____

E-mail: _____

Phone No: _____

START DATE: _____ END DATE: _____

EXPECTATIONS FROM THE SUMMER PROGRAMME:

1. _____

2. _____

WILL YOU BE ATTENDING WITH YOUR SIBLINGS?

IF YES, HOW MANY? _____

LIST any 5 Subjects that you will be interested in.

ATTESTATION (STUDENT)

I hereby affirm that the information contained in this application is accurate and complete to the best of my knowledge. I understand and agree that The 16 Plus School (sixth form) has the right to communicate the details of my academic performance, attendance or behaviour-related incidents to my Parents/Guardians.

Signature

Date

Duration: August 10, 2020, to September 10, 2020

Days: Monday to Thursday

Time: 9:30pm to 1:30pm



THE

16 PLUS

SCHOOL

BRINGING OUT THE BEST IN YOU