



THE  
16 PLUS  
SCHOOL  
(SIXTH FORM)

# The 16 Plus School (Sixth Form)

## REGISTRATION FORM

No:

Please carefully read and complete this form. Kindly return the completed form with a non-refundable deposit of ₦10,000 to The 16 Plus School (Sixth Form). 4 Obokun Street, off Coker Road, Ilupeju, Lagos. Tel: 08038210023, 08166499901, 09021620654.

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  NOT SURE  IF YES, SPECIFY

### Programme Choice: Please Tick appropriately

#### A'LEVEL:

Cambridge A'Level (Accelerated)  Cambridge A'Level (Advanced Subsidiary)

Cambridge A'Level (Advanced)  1 TERM A'LEVEL with SAT/TOEFL/IELTS/UTME

#### Subject Combination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SENIOR SECONDARY SCHOOL PROGRAMME:**

IGCSE (Year 10 & 11)  WASSCE/GCE (1 YR)  WASSCE/IGCSE Retakes

**Subjects to be taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOUNDATION PROGRAMME (6-9months): Please tick appropriately**

**UK FOUNDATION IN PARTNRSHIP WITH CITY COLLEGE OXFORD, UK**

**CANADIAN FOUNDATION IN PARTNERSHIP WITH BRONSTON ACADEMY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day Student**

**Occasional Boarding**

**Full Boarding**

**Last Schools Attended:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_ **Name of Principal** \_\_\_\_\_

**University/ Higher Education Plans:**

Nigeria

UK

USA

Canada

**EXAMS TO BE TAKEN**

UTME

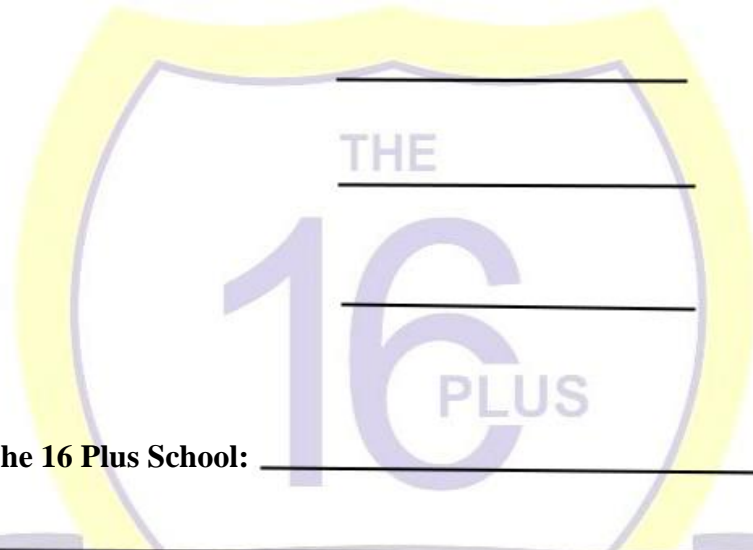
SAT

ACT

TOEFL

IELTS

**CAREER CHOICE (give three options)**



**Expectations from The 16 Plus School:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FATHER, MOTHER OR THE OTHER PERSON (S) LEGALLY RESPONSIBLE FOR THE STUDENT:**

**SPONSOR:**

Name of Sponsor: \_\_\_\_\_

Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Tel/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

WhatsApp Contact: \_\_\_\_\_

**NEXT OF KIN**

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Current Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

**PLEASE SUBMIT THIS APPLICATION FORM WITH THE FOLLOWING:**

- a) One (1) recent passport photograph
- b) Copy of Data Page of International Passport of any form of identification
- c) Copy of Birth Certificate
- d) Copy of JSS Certificate
- e) Copy of SSCE, WASCE, IGCSE (the applicable ones)
- f) Medical certificate

**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 behavior related incidents to my Parents/Guardians.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**ATTESTATION (PARENTS)**

I hereby agree to support and monitor the activities and progress of my child/ward in the school, by paying all stipulated fees as well as attending parent conferences/scheduled meetings.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

