



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, 080166499901, 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	<input type="checkbox"/>
UK	<input type="checkbox"/>
USA	<input type="checkbox"/>
Canada	<input type="checkbox"/>

EXAMS TO BE TAKEN

UTME	<input type="checkbox"/>
SAT	<input type="checkbox"/>
ACT	<input type="checkbox"/>
TOEFL	<input type="checkbox"/>
IELTS	<input type="checkbox"/>

CAREER CHOICE (give three options)

THE

16 PLUS

Expectations from The 16 Plus School: _____

SCHOOL

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

SPONSOR:

Name of Sponsor: _____

Relationship: _____

Organization: _____

Address: _____

BRINGING OUT THE BEST IN YOU

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 or 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

