

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 4 Obokun Street, off Coker Road, Ilupeju, Lagos. Tel: 08038210023, 08024332576, 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 NOT SURE IF YES, SPECIFY

Contact: _____ E-mail: _____

PARENTS CONTACT:

Physical address: _____

E-mail: _____

Phone No: _____

In Case Of Emergency:

Full Name: _____

Physical address: _____

E-mail: _____

Phone No: _____

SHORT PROGRAMMES

- SAT 8-10 WEEKS
- TOEFL/IELTS 2-4 WEEKS
- UTME 6-8 WEEKS

UTME SUBJECTS:

REVISION CLASS _____

HALF TERM (1ST TERM) _____

CHRISTMAS HOLIDAY _____

EASTER HOLIDAY _____

SUMMER SCHOOL (AUGUST - 3 WEEKS)

Address: _____

Tel No: _____ **Name of Principal** _____

Expectations from The 16 Plus School: _____
