

# The 16 Plus School (Sixth Form)



THE  
16 PLUS  
SCHOOL  
(SIXTH FORM)

## SAT REGISTRATION FORM

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, 09021620654, 08166499901.

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

**WhatsApp Contact:** \_\_\_\_\_ **Current Class:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

### PARENTS CONTACT:

**Full Name:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Whatsapp No:** \_\_\_\_\_

### IN CASE OF EMERGENCY:

**Full Name:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**PLEASE SPECIFY YOUR PROGRAMME OF INTEREST:**

SAT 1 (Mathematics and English Language)

SAT 2 (Subject based)

TOEFL/IELTS

**EXPECTATIONS FROM THE SAT PROGRAMME:** \_\_\_\_\_

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

**WILL YOU BE ATTENDING WITH YOUR SIBLINGS?**

**IF YES, HOW MANY?** \_\_\_\_\_

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

SAT - (Diet 1) August 2nd to September 30th, 2022

SAT - (Diet 2) October 3rd to December 2nd, 2022

SAT (Diet 3) January 16th to March 3rd, 2022

Days: Mondays to Fridays

Time: 9am- 2pm