



CHRIST AMBASSADORS INTERNATIONAL COLLEGE

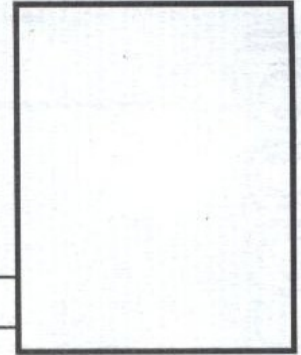
THE COLLEGE ARM OF JUNIORS INTERNATIONAL SCHOOLS

Alaafin Avenue, Oluyole Estate, Ring Road, Ibadan

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REGISTRATION FORM

Exam No: _____

Exam Centre: _____

Name of Candidate: _____

Date of Birth: _____

Sex: _____

Religion: _____

Nationality: _____

State: _____

L.G.A: _____

Zip Code: _____

School(s) Attended: (i) _____

Year: _____

(ii) _____

Year: _____

Award (s) Received: _____

Hobbies: _____

Present Class: _____ Class on Admission: _____ Day/Boarding: _____

Brief Medical History: _____

Blood Group: _____ Genotype: _____

Allergies: _____

Name of Father: _____

Occupation: _____ GSM No: _____

E-mail _____

Contract Address: (Office): _____

(Home): _____

Name of Mother: _____

Occupation: _____ GSM No: _____

E-mail _____

Contract Address: (Office): _____

(Home): _____

Name of Guardian: _____

Occupation: _____ GSM No: _____

E-mail _____

Contract Address: (Office): _____

(Home): _____

Parent's Signature/Date

Head teacher's Signature / Date