



CHRIST AMBASSADORS INTERNATIONAL COLLEGE

EXCELLENCE OUR STANDARD...INTEGRITY OUR WATCHWORD!

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REGISTRATION FORM

Exam No: _____ Exam Centre: _____

Name of Candidate: _____

Date of Birth: _____ Sex: _____

Religion: _____ Nationality: _____

State: _____ L.G.A.: _____

School(s) Attended: (i) _____

Year: _____

Award(s) Received: _____

Hobbies: _____

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

Brief Medical History: _____

Blood Group: _____ Genotype: _____

Allergies: _____

Name of Father: _____

Occupation: _____ Mobile No: _____

E-mail: _____

Contact Address: (Office): _____

(Home): _____

Name of Mother: _____

Occupation: _____ Mobile No: _____

E-mail: _____

Contact Address: (Office): _____

(Home): _____

Name of Guardian: _____

Occupation: _____ Mobile No: _____

E-mail: _____

Contact Address: (Office): _____

(Home): _____

Please Tick: Preferred Examination Method (i) Computer (ii) Written

Parent's Signature / Date

Head Teacher's Signature / Date