



Landmark College

5/11, Olayinka Ogunfile Street, Unity Estate, Owutu, behind
Lagos State Rehabilitation Centre, Off Isawo Road, Ikorodu, Lagos.
info@landmark-college.org, www.landmark-college.org
01-3427926, 01-3427927, 08033037631, 07046065241, 07046065242

Affix four (4)
recent passport
photographs

STUDENT REGISTRATION FORM

STUDENT DETAILS

NAME:

Surname

First Name

Middle Name

Date of Birth:

Gender

☐

Male

☐

Female

Place of Birth:

Religion

Nationality

State of Origin

L.G.A

Contact Address

Home Address

Exam Centre

PARENT / GUARDIAN INFORMATION

NAME: Mr./Mrs./Dr./Engr./Chief

Occupation:

Mobile No

Home Tel No

Contact Address

E-mail Address

Employers Name

Office Address

EDUCATIONAL BACKGROUND**School Attended / Examination taken and Result****Name of School:****Class Last Attended:****Reason for Leaving the School:****Examination Taken and year****Examining Board****Subject****Result****Class which Admission is sought****Tick as appropriate**☐ **Day**☐ **Boarding****MEDICAL (TICK AS APPROPRIATE)****Are you vulnerable to a carrier of any of the following diseases:**☐ **Tuberculosis** ☐ **Sickle Cell Anaemia** ☐ **Asthma** ☐ **None****Others (Specify).....****Blood Group**☐ **A** ☐ **B** ☐ **AB** ☐ **O****Genotype**☐ **AA** ☐ **AS** ☐ **SS** ☐ **SC**

How many times (approx) have you visited the doctor for treatment within the last two (2) years?

What was the nature of your illness during the last two (2) years?

Please give the name and address of your family doctor**Name:****Address:**

OTHER INFORMATION

No. of Siblings:

Position in the family:

FATHER'S INFORMATION

Full Name

Occupation

Place of Work

Office Address

E-mail Address

Phone Number(s)

MOTHER'S INFORMATION

Full Name

Occupation

Place of Work

Office Address

E-mail Address

Phone Number(s)

GUARDIAN'S INFORMATION *(if parents live outside Lagos)*

Full Name

Occupation

Place of Work

Office Address

E-mail Address

Phone Number(s)

DECLARATION**Student Declaration**

I, _____ solemnly declare that;

- I. I will obey all school rules and regulation
- ii. I will not involve in any examination malpractices
- iii. I will not join any illegal association or Society
- iv. I will not engage myself in any activities that will bring disrepute to the image of the school

Signature _____ Date _____

Parent Declaration

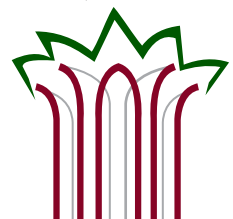
I stand surety that my child/ward will conform to the declarations stated above and other implied rules and regulations of the school.

Signature _____ Date _____

| OFFICIAL USE ONLY | | |
|---|---------|---------|
| Date of writing aptitude test | | |
| Result of Aptitude Tests | | |
| Subjects | %Scores | Remarks |
| English | | |
| Mathematics | | |
| Qualitative Aptitude | | |
| Verbal Aptitude | | |
| Oral Interview | | |
| Average Score | | |
| Candidate is suitable for Admission: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Class Admitted into: | | |

| APPROVAL | | |
|---------------------|-------|-------------|
| Admission No: | | I.D Card No |
| Class: | Year: | Term: |
| Amount Payable (N): | | |
| Name: | | |
| Designation: | | |
| Signature: | | Date: |

LANDMARK



COLLEGE

... marked for excellence