



# Early Heights College

**11/13 Baba Dada Close, Baba Dada Estate,  
Off Ojodu-Akute Road, Alagbole - Ogun State.  
Tel: 08033285305, 08106546419**

PASSPORT  
PHOTOGRAPH

REGISTRATION FORM

## APPLICATION FORM FOR ADMISSION

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MAIL BOX: \_\_\_\_\_

### SCHOOLS ATTENDED (if any)

NAME & ADDRESS OF SCHOOL(S):	PERIOD OF STUDY	EXAM PASSED
i. _____	_____	_____
i. _____	_____	_____
i. _____	_____	_____

ATTESTATION OF CLASS TEACHER: \_\_\_\_\_

\_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HEADMASTER'S NAME/SIGNATURE & SCHOOL STAMP: \_\_\_\_\_

\_\_\_\_\_

REGISTRATION FORM

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SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

YOUR CENTRE: \_\_\_\_\_

Bring this slip along to the Examination Centre