KINGSTEP INT'L. COLLEGE

Ita-Elepa, Asa Dam Road, P. O. Box 4135, Ilorin, Kwara State.
Website: www.kingstepinternationalschool.com
E-mail: kingstepintlschl@gmail.com

Motto: STEPS TO GLORY

(Government Approved Co-Educational Secondary School for Technical, Social Science & Pre-Science Subjects)

ADMISSION FORM

Form No 291

NAME: _____
Surname Middle Name Other Name

AGE: _____ SEX: _____

CONTACT ADDRESS: _____

LGA: _____ STATE: _____

NATIONALITY _____ RELIGION: _____

LAST SCHOOL ATTENDED: _____

LAST CLASS ATTENDED: _____

HOBBIES: _____

Fix a Passport Photograph

PARENT OR GUARDIAN INFORMATION

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

FATHER'S OCCUPATION: _____ MOBILE NO: _____

MOTHER'S OCCUPATION: _____ MOBILE NO: _____

SPONSOR INFORMATION

NAME OF THE PERSON RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES

_____

RELATIONSHIP: _____

CONTACT ADDRESS: _____

MOBILE NO: _____ OCCUPATION: _____

SIGNATURE: _____ DATE: _____

STUDENT'S SIGNATURE: _____ DATE: _____

HEAD TEACHER'S SIGN WITH SCHOOL STAMP: _____

DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Non-refundable fees paid ₦ _____ Registration No: _____

Qualified/Not Qualified _____ Class: _____

Note: The entrance examination will be conducted at KINGSTEP INTERNATIONAL SCHOOL Ita Elepa, Asa Dam Road, Ilorin On _____

Subjects to be tested on

a. English Language b. Mathematics c. General Studies

*Candidate must come with writing materials and two (2) passport photographs

* Form must be submitted before the day of examination

KWARA STATE MINISTRY OF EDUCATION, ILORIN.

GUIDANCE AND COUNSELING UNIT

Strictly Confidential

Fix a Passport Photograph

Student's Cumulative Record

KINGSTEP INT'L. COLLEGE

Ita-Elepa, Asa Dam Road, P. O. Box 4135, Ilorin, Kwara State.

STUDENTS PERSONAL DATA

NAME OF STUDENT (Surname First):_____

ADMISSION NO:_____ YEAR:_____ COLLEGE HOUSE: _____ AGE:_____

DATE OF BIRTH:_____ STATE OF ORIGIN:_____

PERMANENT HOME ADDRESS_____

(P. O Box, P.M.B. not acceptable)

CONTACT ADDRESS:_____ LANGUAGE(S) SPOKEN:_____

COUNTRIES VISITED:_____ RELIGION: _____ NATIONALITY:_____

CHANGE OF NAME (If any):_____ DATE:_____ EVIDENCE:_____

EDUCATIONAL BACKGROUND

	NURSERY	PRIMARY	JUNIOR SECONDARY	SENIOR SECONDARY	BREAKS OR CHANGES (IF ANY)
NAME					
YEARS OF ATTENDANCE					
YEAR LEFT					
REASON FOR LEAVING					
CERTIFICATE NUMBER					

FAMILY BACKGROUND

PARENT NAME	CONTACT ADDRESS	RESIDENTIAL ADDRESS	TEL. NO.	STATE	NATIONALITY	RELIGION	EDUC. LEVEL	OCCUPATION	DECEASED	DATES
FATHER										
MOTHER										
GUARDIAN (S)										

HOME BACKGROUND

FATHER'S NO. OF WIVES_____

POSITION OF MOTHER_____

NUMBER OF SIBLINGS_____

POSITION OF STUDENT AMONG SIBLINGS_____

PARENTS DIVORCED/LIVING APART/SEPARATED_____

Delete the one(s) not applicable