Vincollins College

7/9 Lawani Street, Off Ishaga Road by Lawani Bus Stop, Surulere, Lagos.
Tel: 09121155554,09121155553, 09121155552, 09121155551, 09121155550
Email: vincollinscollege@gmail.com, Website: https://vincollinsschools.org/

ADMISSION FORM

DATE: …… ADMISSION NO: ……

SECTION A: INFORMATION ON CANDIDATE

(1.) Name of Applicant: Surname: ……Other Names……

(2.) Date of Birth: …… (3.) Sex: …… (4.) State of Origin: ……

(5.) Nationality…… (6.) Residential Address: ……..

(7.) Former School: …… (8.) Former Class: ……

SECTION B: INFORMATION ON PARENTS

1. (i) Name of Father: ……
   (ii) Residential Address of Father: ……
   (iii) Email Address: …… (iv) Mobile No: ……
   (v) WhatsApp Phone: …….. (vi) Occupation: ……
   (vii) Office address: ……

2. (i) Name of Mother: ……
   (ii) Residential Address of Mother: ……
   (iii) Email Address: …… (iv) Mobile No: ……
   (v) WhatsApp Phone: …….. (vi) Occupation: ……
   (vii) Office address: ……

3. (i) Name Of Guardian (If Any): ……..
   (ii) Residential Address of Guardian: ……
   (iii) Email Address: …… (iv) Mobile No ……
   (v) WhatsApp Phone: …….. (vi) Occupation: ……
   (vii) Office address: ……

4. State fully your relationship with your guardian, If any- (E.G Ward, Step-Child, Etc)

Date: …….. ……

Signature of Parent/Guardian.

SECTION C: FOR OFFICIAL USE ONLY

5. Receipt Number:

   ……..

   Date Of Submitting Application Form:

   ……...

   Signature of Officer Receiving The Form:

   ……..

6. ASSESSMENT FOR ADMISSION

EXAMINATION SCORES									
Maths Obj. Score	Maths Structured Questions (Working)	English Obj. Score	English Structured Questions (Essay)	General Paper	Total	Percentage Score	Interview Performance	Grand Total	Remarks

14. FINAL REMARKS

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