



MICTEC

INTERNATIONAL SCHOOLS

*CO-EDUCATIONAL *DAY/BOARDING *EARLY LEARNING (NURSERY) *KEY STAGES (YEAR 1-6)
*JUNIOR HIGH (7-9) *SENIOR HIGH (10-12)

Ogudu/Ojota: 23-29, Emmanuel Str., Ogudu/Ojota, Lagos, Nigeria.
New Oko-Oba: 10, Social Club Road, New Oko-Oba, Agege, Lagos, Nigeria.
Tel: +234-8129902482, 8129902483, 8129902484, 8129902481
E-mail: info@mictecschoools.com Website: www.mictecschoools.com

Affix Child's
recent
Passport

ADMISSION FORM

1. Pupil's/Student's Surname: _____
2. Other names in full: _____
3. Date of Birth: _____ Place of Birth: _____
4. Sex: Male Female 5. Religion: _____
6. State of Origin: _____ 6. Nationality: _____
7. Last school attended: _____ Last class attended: _____
8. Last academic report (*To be attached*)
9. CLASS APPLIED FOR
EARLY LEARNING: PRE-TODDLER TODDLER ROCK RECEPTION KINDERGARTEN
PRIMARY: YEAR 1 YEAR 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6
JUNIOR HIGH: YEAR 7 YEAR 8 YEAR 9
SENIOR HIGH: YEAR 10 YEAR 11 YEAR 12
10. DAY OR BOARDING
11. State other External Examination(s) taken (if any): _____

ADMISSION FORM (cont'd)

12. Pupil's/Student's Hobbies: _____

Student's E-mail: _____

13. The above named child lives with? (*tick appropriate box*)

Mother Father Both Parents Guardian

14. Father/Guardian's Name: _____

If the person(s) responsible for payment of fees is not the Father or Guardian of the child,
Kindly state Name, Address and Occupation of the person with such responsibility.

15. Father's business or occupation: _____

A. Father's E-mail: _____ Mobile No: _____

B. Business Address: _____ Tel. No: _____

C. Home Address: _____ Tel. No: _____

16. Mother's Name: _____

A. Father's E-mail: _____ Mobile No: _____

B. Business Address: _____ Tel. No: _____

C. Home Address: _____ Tel. No: _____

17. Tick any physical disability in the following areas

SIGHT: Total blindness Partial blindness Clear vision Uses/Needs Aid

18. Specify any other disability: _____

19. Any allergies (if yes, name them): _____

20. Is the child taking any medication, if YES, list the medications and the ailment?: _____

21. Do you have a Family doctor (If YES, please provide the doctor's contact details):

Name: _____

Address: _____ Tel: _____

ADMISSION FORM (cont'd)

22. How did you get to know about MICTEC? (Tick appropriately)

- Friend Staff Flyer TV/Radio Programme Parent Existing Parent
 Mictec Programme Passer-by Organization/Church Social Media

Referrer's Name: _____

Referrer's Phone/Address: _____

23. Why are you interested in Mictec International Schools? _____

DECLARATION (PARENT)

I, Mr./Mrs./Dr./Chief, _____, being the father/mother/guardian of _____, hereby pledge to comply with all the rules and regulations which the school may deem necessary for proper operation of the school as well as the child.

Parent/Guardian's Name & Signature Date

DECLARATION (PUPIL/STUDENT)

I, _____

Declare that the information stated in this admission form is to the best of my knowledge correct in every detail. I also promise to abide by the rules and regulations of the school if admitted.

Pupil/Student's Name & Signature Date

N.B: The entrance examination will be followed by an interview on the same day, and it is mandatory that the interview be attended by the ward and his/her parent.

ADMISSION FORM (cont'd)

FOR OFFICIAL USE ONLY

New Enrolment

Re-enrolment

A. Class admitted into: _____ Date: _____

B. Receipt number for payment: _____

C. Admission Number: _____

D. Document(s) required Enclosed

(1) Birth Certificate or Declaration Yes No

(2) 2 passport sized photo Yes No

Entrance test score: _____ Admitted Not Admitted Conditionally Admitted

Interviewed/Admitted by: _____

Comments: _____

Signature: _____ Date: _____



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EXAMINATION SLIP

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Affix Child's
recent
Passport

Name of Candidate: _____

Intended Class Applying for: _____

Receipt Number: _____

Date of Examination: _____

(Please detach and come with the examination slip for the entrance examination)