



YINTAB PRIVATE ACADEMY

Great minds... great beginnings

TOS BENSON ESTATE ROAD, OJA BUS STOP, IKORODU, LAGOS.
7 ALHAJI AJNI STREET, SHOGUNLE, LAGOS STATE.

Website: www.yintab.com E-mail: info@yintab.com

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APPLICATION FOR ADMISSION



FORM NO:.....

NAME OF APPLICANT.....

OTHER NAMES.....

AGE	DATE OF BIRTH	SEX

L.G.A	STATE OF ORIGIN	NATIONALITY (For Aliens only)

APPLICANT'S LAST CLASS	CLASS APPLYING FOR	PREVIOUS SCHOOL IF ANY	IKORODU/SHOGUNLE

APPLICANT'S RELIGION	HOME ADDRESS

APPLICANT'S PARENTS/GUARDIANS	
GUARDIAN'S/FATHER'S NAME	GUARDIAN'S/MOTHER'S NAME
OCCUPATION	OCCUPATION
RESIDENTIAL ADDRESS	RESIDENTIAL ADDRESS
PHONE:	PHONE:
Email:	Email:

IS THE APPLICANT TRANSFERRING FROM ANOTHER SCHOOL? IF YES, PLEASE ATTACH THE TRANSCRIPT OF THE CONTINUOUS ASSESSMENT.....

DECLARATION: I certify that above information is correct and promise to abide by the Rules and Regulations of the school.

OFFICE USE ONLY

SIGNATURE/DATE (Parent/Guardian)

NAME OF RECEIVING OFFICER:

ACADEMIC SESSION:

SHORTLISTED/REJECTED:

IKORODU/SHOGUNLE:

DATE/SIGN