

# KINGSTON COLLEGE IBADAN

BEHIND TOTAL FILLING STATION, OFF  
ELEYELE/SANGO ROAD, IJOKODO IBADAN, OYO STATE, NIGRIA.

Email: [kingstoncollegeibadan@gmail.com](mailto:kingstoncollegeibadan@gmail.com) or  
[admin@kingstoncollegeibadan.com](mailto:admin@kingstoncollegeibadan.com) Phone: +234-7037970306

Passport  
Photograph of  
the student

## A. ADMISSION FORM

1. CANDIDATE'S NAME \_\_\_\_\_  
Surname

\_\_\_\_\_ First name middle name

2. DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

3. NATIONALITY \_\_\_\_\_ AGE \_\_\_\_\_

4. RELIGION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

5. STATE OF ORIGIN \_\_\_\_\_ TOWN \_\_\_\_\_

6. PREVIOUS SCHOOL \_\_\_\_\_

(Only for Transferred Student)

7. PREVIOUS CLASS \_\_\_\_\_

(Only for Transferred Student)

8. STUDENT'S PREFERENCE DAY:  BOARDING:

## B. PARENT'S INFORMATION

9. NAME OF FATHER (GUARDIAN) \_\_\_\_\_

(A) HOME ADDRESS \_\_\_\_\_

(B) OCCUPATION \_\_\_\_\_

(C) OFFICE ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_

(D) SIGNATURE \_\_\_\_\_

10. NAME OF MOTHER (GUARDIAN) \_\_\_\_\_

(A) HOME ADDRESS \_\_\_\_\_

(B) OCCUPATION \_\_\_\_\_

(C) OFFICE ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_

(D) SIGNATURE \_\_\_\_\_

( Indicate Here \_\_\_\_\_ )

*Please Give Details of Any Physical Defect/Allergy/Bed Wetting Of the Child*