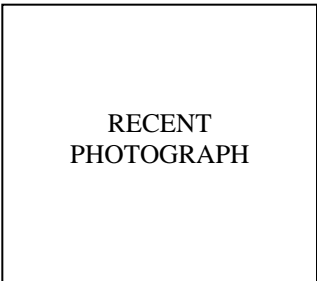


Italian School Site,  
1, Sikiru Alade Oloko Crescent,  
Lekki Phase 1, Lagos  
**Tel:** 234-1-7918646, 234-1-7918030  
**Fax:** 234-1-2706493  
**Website:** www.cislagos.com  
**E-mail:** info@cislagos.com



**REGISTRATION OF INTEREST / INTENT**

Date: \_\_\_\_\_

Admission Required

September  January  April

SU RNAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

PREFERRED SURNAME: \_\_\_\_\_

PREFERRED FORENAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BUSINESS NAME & ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME & ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

FAX #: \_\_\_\_\_

E-MAIL ADD: \_\_\_\_\_

E-MAIL ADD: \_\_\_\_\_

CELLPHONE #: \_\_\_\_\_

CELLPHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PRESENT / PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY (Pls. Specify)

1. SPECIAL EDUCATIONAL NEEDS (SEN)? \_\_\_\_\_

\_\_\_\_\_

2. OTHERS \_\_\_\_\_

SCHOOL FEES PAID BY: COMPANY \_\_\_\_ PARENTS \_\_\_\_

OTHER \_\_\_\_\_ (Pls. Specify) \_\_\_\_\_

HOW DID YOU HEAR OF US?

\_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

-----  
**FOR OFFICE USE ONLY**

YEAR OF ADMISSION: \_\_\_\_\_

PLACEMENT YEAR:

CATEGORY OF ADMISSION:

RESUMPTION DATE: \_\_\_\_\_

**Ns/Re 07.10.09**