

## Part 1

Surname (in block letters):	First names (please underline name n	First names (please underline name normally used):		
Gender:	Date of birth (day/month/year):			
		/		
Nationality:	Proposed Pathway/Course	Current year/class		
	/			
Language(s) spoken:	Rel	Religion:		
Secondary school and address:				
Name of Head of School:				
E-mail contact of Head of School:				
Additional student details				
	It what you want to achieve during the progra	mme, and what you wo		
ke to do when you leave Sixth Form.				

Contact details				
Full name of mother (Title: Dr/Mrs/Ms/Miss/other):				
Full residential address:				
Occupation:	Nationality:	Country of residence:		
Mobile telephone:	E-mail a	E-mail address:		
Full name of father (Title: Dr/Mr/Ms/other):				
full residential address (if different from mother):				
Occupation:	Nationality:	Country of residence:		
Mobile telephone:	E-mail a	address:		
Further contact information (please indicate	e below the marital status bet	ween the mother and father)		
Single Married (to each other)		Divorced Widowe		
) In the case of different addresses, correspondence will be s	Separated sent to both.	Divorced Widowo		
<ul> <li>In the case of different addresses, correspondence will be s</li> <li>In the case of only one parental contact, please could you p</li> </ul>	Separated sent to both.	Divorced Widowa		
<ul> <li>In the case of different addresses, correspondence will be s</li> <li>In the case of only one parental contact, please could you p the Application Forms):</li> </ul>	Separated sent to both.	Divorced Widowe		
<ul> <li>In the case of different addresses, correspondence will be s</li> <li>In the case of only one parental contact, please could you p the Application Forms):</li> </ul>	Separated	Divorced Widowe		
a) In the case of different addresses, correspondence will be s b) In the case of only one parental contact, please could you p the Application Forms): Check if applicable: Father deceased Moth	Separated	Divorced Widowe		
<ul> <li>a) In the case of different addresses, correspondence will be s</li> <li>b) In the case of only one parental contact, please could you p the Application Forms):</li> <li>Check if applicable: Father deceased Moth</li> <li>Please indicate with whom the child is mainl</li> </ul>	Separated	Divorced Widowe		
<ul> <li>In the case of different addresses, correspondence will be so</li> <li>In the case of only one parental contact, please could you parental contact, please could you parents in the Application Forms):</li> <li>Check if applicable: Father deceased Moth</li> <li>Please indicate with whom the child is maining</li> <li>Mother Father</li> <li>Guardian in Nigeria if parents live abroad:</li> </ul>	Separated	Divorced Widowe		
<ul> <li>i) In the case of different addresses, correspondence will be so</li> <li>i) In the case of only one parental contact, please could you parents in the Application Forms):</li> <li>Check if applicable: Father deceased Moth</li> <li>Please indicate with whom the child is maining</li> <li>Mother Father</li> <li>Guardian in Nigeria if parents live abroad:</li> <li>Full name of guardian (Title: Dr/Mrs/Ms/Miss/other):</li> </ul>	Separated	Divorced Widowe		
<ul> <li>a) In the case of different addresses, correspondence will be so</li> <li>b) In the case of only one parental contact, please could you parental contact, please co</li></ul>	Separated	Divorced Widowe		

Does your child have any Learning Support requir	ements?		
Does your child have any Learning Support requirements?	ements.	Yes	□ No
, , , , , ,			
My child has been assessed for dyslexia and/or specific learning support		Yes	N₀
He/ She has been receiving extra one-to-one support or small group to		Yes	N₀
He/ She has an Educational Psychologist's report (if Yes, please enclose a copy with this Application Form)		Yes	N₀
My child has extra time or other access arrangements in examinations.		Yes	No
(Any information you give will be treated confidentially and forwarded to the Are there any special medical circumstances the s		ontact you for a	iscussion.)
Are there any special medical circumstances the school should be awar	e of?	Yes	No
(If yes, please provide us with details on an accompanying letter.)			
Please remember to enclose the following with the applica	tion form:		
1. Data page of the current international Passport/ Birth Certificate	2. Previous School Reference Letter		
3. Two (2) passport photographs 4. Copy of examination(s) result(s	) taken before joining CKA PVP		
How did you hear about the CKA Pre-vasity Programme?			
		F	
Independent school's directory Sibling	Local knowledge		Friend / Relative
Press article / TV / Radio Advertisement	Secondary school	L	Internet
Declaration			
<ul> <li>We are aware and agree that:</li> <li>decisions on admission, termination of enrolment, tuition feed for the constant of the constant</li></ul>	e medium through which education eir guardians shall be forwarded to 1 s; not refundable; and	al services of K	anata Global School a
I declare that the information furnished by me is correct.			
First signature:			
	Second signature:		
Printed name in full:	Second signature: Printed name in full:		
Printed name in full: Relationship to the child:			
	Printed name in full:		
Relationship to the child:	Printed name in full: Relationship to the child: Date:	∏ Yes	

ljebu Ode, Ogun State. PMB 2144, ljebu Ode.

Website: www.ckaintl.com/pvp