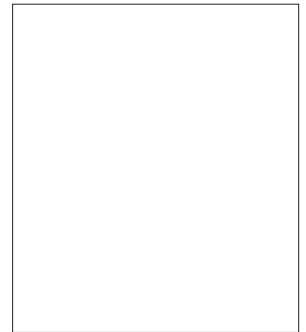




25 Road, Festac Phase II, Entrance Via Abule-Ado, Lagos.
 Email: info@beaconlightschools.com Website: www.beaconlightschool.com
 Tel: 08029939804, 08033172722, 08124309847.



ADMISSION FORM

SURNAME:

OTHER NAMES:

DATE OF BIRTH: GENDER M F

LOCAL GOVT. AREA:

STATE OF ORIGIN:

NATIONALITY:

HOME ADDRESS:

SCHOOL LAST ATTENDED:

CURRENT CLASS:

CLASS TO BE ADMITTED INTO

PARENT / GUARDIAN SECTION

NAME IN FULL:

POSTAL ADDRESS:

OCCUPATION:

PHONE NUMBER 1

PHONE NUMBER 2

EMAIL:

MEDICAL BACKGROUND:

Child's Genotype

Blood Group

SUBMIT THIS FORM WITH THE FOLLOWING:

1. Two Passport Photographs
2. Photocopy of Child's Birth Certificate
3. A copy of referral letter and Testimonial
4. Previous school report, duly signed by the Principal or Head Teacher.
5. A copy of comprehensive medical examination report of the candidate.



PLEASE COMPLETE AND RETURN THIS FORM AT THE POINT OF PURCHASE

25 Road, Festac Phase II, Entrance Via Abule-Ado, Lagos.

Email: info@beaconlightschools.com

Website: www.beaconlightschool.com

Tel: 08029939804, 08033172722, 08124309847

ENTRANCE EXAM ADMIT SLIP BLHS

CANDIDATE NAME:

CLASS TO BE ADMITTED INTO: JSS - SS

DATE OF EXAMINATION:

VENUE:

TIME:

PLEASE NOTE THAT NO STUDENT WILL BE ADMITTED INTO THE EXAMINATION HALL WITHOUT THIS SLIP. THE EXAMINATION PAPERS ARE ENGLISH, MATHEMATICS AND GENERAL PAPER.