



Address: 1st Avenue Plot 837, Y Close Festac Town Lagos

Phone Nos: 08023458038, 07062789072

E-mail : cedarmountschool@yahoo.com

Application Form

NAME OF CHILD.....
Surname First Name Middle Name Other Name

Gender Date of Birth

Place of Birth Main Language Spoken at Home.....

Address.....

FATHER OF CHILD.....
Surname First Name Middle Name Other Name

Telephone Number.....

Address (If different from above).....

MOTHER OF CHILD.....
Surname First Name Middle Name Other Name

Telephone Number.....

Address (If different from above).....

.....
PARENT/GUARDIAN

.....
ADMIN OFFICER

NOTE: APPLICATION FORM MUST BE SUBMITTED ALONG WITH A COPY OF BIRTH CERTIFICATE, IMMUNIZATION RECORDS, COMPLIMENTARY/ BUSINESS CARD OF PARENTS /GUARDIAN, UTILITY BILL OF THE SAME ADDRESS AND TWO PASSPORT PHOTOGRAPHS OF BOTH PARENTS AND CHILD.



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