



# CRESTBRIDGE COLLEGE

15B Mini-Akama Close, Rebisi Gardens (Behind Mopol-19)

GRA Phase 4, Port Harcourt, Rivers State Nigeria

Website: [www.crestbridgeschool.com](http://www.crestbridgeschool.com) , Email: [collegeadmin@crestbridgeschool.com](mailto:collegeadmin@crestbridgeschool.com)

Tel: +234-802-885-1664, 0811-577-0068

## APPLICATION FOR ADMISSION

Please complete the form in BLOCK LETTERS. Completed and signed forms should be returned to the College Admin Office, accompanied with two (2) recent passport-sized pictures of the candidate. Candidates will be required to sit for an entrance examination before offer of admission. The school will respond within 10 days of receipt of the application.

CLASS APPLIED FOR:		<b>PASSPORT PICTURE (PAPER FORMS ONLY)</b>		
ACADEMIC SESSION:				
<b>STUDENT'S DETAILS</b>				
SURNAME:				
FIRST NAME:				
OTHER NAMES:				
DATE OF BIRTH:				
SEX (MALE/FEMALE):		RELIGION:		
FIRST LANGUAGE:		HOME LANGUAGE:		
ETHNICITY:		NATIONALITY:		
CONTACT ADDRESS:				
<b>PREVIOUS SCHOOLS ATTENDED</b> (Please note that we may contact these schools for confidential references)				
NAME & ADDRESS OF SCHOOL	LAST CLASS	PERIOD OF STUDY	EXAMS PASSED	CONTACT EMAIL/ TELEPHONE
<b>MEDICAL</b>				
KNOWN FOOD ALLERGIES:				
ALLERGIES TO MEDICATION:				
ANY OTHER KNOWN MEDICAL CONDITIONS:				
INSTRUCTIONS FOR MEDICAL CARE IN CASE OF EMERGENCY:				

PARENT DETAILS		
	FATHER	MOTHER
NAME:		
TITLE:		
PROFESSION:		
OCCUPATION:		
RESIDENTIAL ADDRESS (IF DIFFERENT FROM CHILD'S)		
COMPANY NAME & ADDRESS:		
EMAIL ADDRESS:		
TELEPHONE NOS:		
LEGAL GUARDIAN DETAILS (ONLY REQUIRED IF DIFFERENT FROM PARENT)		
NAME OF GUARDIAN:		
TITLE:	RELATIONSHIP TO STUDENT:	
PROFESSION:	OCCUPATION:	
EMAIL ADDRESS:		
TELEPHONE NOS:		
RESIDENTIAL ADDRESS (IF DIFFERENT FROM CHILD'S):		
COMPANY NAME & ADDRESS:		

ADDITIONAL DETAILS										
CHILD LIVES WITH? (Please check applicable)	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Other
HOW DID YOU HEAR ABOUT US?	<input type="checkbox"/>	Website	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Flyers & Posters	<input type="checkbox"/>	Referral	<input type="checkbox"/>	Reputation
LINK TO THE SCHOOL	<input type="checkbox"/>	Current Student	<input type="checkbox"/>	Old Student	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Neighbour
OTHER SCHOOLS BEING CONSIDERED:										

**ATTESTATION (TO BE SIGNED BY BOTH PARENTS OR BY THE LEGAL GUARDIAN AS APPLICABLE)**

We, the parents/guardians of \_\_\_\_\_ hereby confirm that all information provided on this form are correct and up to date to the best of our knowledge. We take full responsibility for any misinformation that may have been advertently or inadvertently included.

SIGNATURE:		
DATE:		
NAME OF PARENT/GUARDIAN:		
RELEATIONSHIP TO THE APPLICANT:		