



HALLMARK HEIGHTS COLLEGE

Olambe, Ogun State.

MOTTO : HALLMARK HEIGHTS OF EXCELLENCE

Website : hallmarkschools.ng Email : info@hallmarkschools.ng Tel.No: 07025091096, 09048032112

ENTRANCE EXAMINATION/ADMISSION APPLICATION/REGISTRATION FORM

YEAR GROUP/CLASS APPLIED FOR : PREFERRED EXAMS CENTRE (Please tick as AsAppr) :	<input type="checkbox"/> YR 7	<input type="checkbox"/> YR 8	<input checked="" type="checkbox"/> For 2020/21-Session	PLEASE AFFIX CANDIDATE / APPLICANT PASSPORT-SIZE PHOTO
	Lagos: Lekki <input type="checkbox"/> Ikeja <input type="checkbox"/> Abuja <input type="checkbox"/> Ogun State <input type="checkbox"/>			
NAME (Surname In Capital)		(Other Names In Capital)		HHC_2020/..... Exam_ID/Reg. Nr
SEX : AGE : DATE (dd/mm/yr) /PLACE OF BIRTH : (Attach Birth Certificate Ph'Copy)				
COUNTRY OF BIRTH :		TOWN/STATE OF ORIGIN :		
NATIONALITY :		LOCAL LANGUAGE :		RELIGION :
CONTACT ADDRESS :				
PERMANENT ADDRESS (If not same as above)				

A. PARENT (FATHER)		B. PARENT (MOTHER)	
NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION		OCCUPATION	
E-MAIL		E-MAIL	
TELEPHONE NO		TELEPHONE NO	
RELATIONSHIP		RELATIONSHIP	
C. GUARDIAN (if different from A & B above)			
NAME			
ADDRESS			
OCCUPATION			
E-MAIL			
TELEPHONE NO			
RELATIONSHIP			

Child Lives With (Please tick AsAppr) : Both Parents Mother Father Guardian

SCHOOL LAST ATTENDED (Please Note : References may be made to these for authentication)			
Name & Address of School	Year Of Study	Exam(s) Passed	Head Of School

GUARANTOR I guarantee that this Candidate/Applicant is well known to me, and will abide by the College's Students' Behaviour Policy and all other College-Policies, Rules, Regulations & Procedures. I strongly recommend him/her for admission into your College.		
Full Name:	Relationship:	Signature:
Residential Address:		
Email:	Date:	

Whilst the College reserves the right to place the Child in appropriate Class/Year Group, please indicate your Child's Special Interest-Areas/Subjects, Any previous Medical History. Any Challenges(Physical), Any Special Education-Needs(SEN)



Please tear off and bring along to the Examination Hall/Centre and Interview

Full Name : Exam Centre
Candidate Exam ID/Reg. Nr : HHC_2020/..... Exam Date/Time.....

PLEASE AFFIX CANDIDATE / APPLICANT PASSPORT-SIZE PHOTO HERE