



**BELLINA
COLLEGE**

3-7, Tunde Bello Street, Akoka,
Off Community Road (Near TREM)
P. O. Box 180, University of Lagos Post Office,
Akoka, Yaba, Lagos.
Tel: 01-2212349, 0803 300 8126, 0806 055 1996
Email: info@bellinaschools.org.ng
www.bellinaschools.org.ng

BC /20....

Affix Passport
photograph

STUDENTS' APPLICATION FORM

SECTION A

1. Full Name of Candidate _____
(Surname) (Other Names)
2. Date of Birth _____ (3) Place of Birth _____
4. Nationality _____ (5) State of Origin _____
6. Sex _____
7. Present School _____
8. Present Class/Grade/Year in School _____
9. Class into which Admission is being sought _____
10. Residential Address _____
(Include the nearest bus stop)
11. Who to Contact in the event of an Emergency? Name _____
Tel:(GSM is preferred) _____ Email _____
12. Preferred GSM No. For Text Message _____
13. Applying as a Day or Boarding Student? _____
14. Signature of Candidate/date _____

SECTION B

15. Names of Father _____

16. Residential Address _____
_____ Tel. No. _____

17. Occupation/Position _____

18. Business/Postal Address _____

Email _____ Tel. No. _____

19. Signature _____ Date _____

20. Names of Mother _____

21. Residential Address _____
_____ Tel. No. _____

22. Occupation/Position _____

23. Business/Postal Address _____

Email _____ Tel. No. _____

24. Signature _____ Date _____

25. Who is responsible for the applicant's education/wellbeing during his/her course of study in Bellina College?

Father Mother Both Guardian

Completed forms are to be returned to the School Secretary not later than

Please attach two (2) recent passport photographs and a photocopy of birth certificate.

Date of Examination _____

(Compulsory for students not residing in Lagos State)

26. Names of Guardian _____

Address _____

Tel _____ Email _____

SECTION C

26. Attestation by Headmaster/Headteacher/Principal of Applicant's Present School

I certify that Master/Miss _____
is in class/Grade/Year _____ of my school and that the information given above is true and correct to the best of my knowledge.

Name of Headteacher/Principal

Signature of
Headteacher/Principal
& Official Stamp

SECTION D

For Internal Use Only

Examination Scores

Maths & Gen. Sci.	English & Soc. Stud.	Quant. Aptitude	Verbal Aptitude	General Study	Oral Interview	Total	Percentage	Remarks

Date Interviewed _____

General Remarks _____

Class Admitted Into _____ Deposit Paid _____

Principal



1. Name of candidate _____

2. Exam Number _____

3. Date of Examination _____

4. Signature of Candidate _____

Affix Passport
photograph