



The Regent Primary School Application Form

Please fill in the document and save a copy of the completed form on your computer. Print it, sign it, stick a passport photograph, scan it and send it as a file attachment to registrarprimary@regentschoolabuja.com

Pupil's Information

Photo

Name

First Name Last Name

Birth Date

Month Day Year

Gender

Male
Female

Nationality

Language spoken at home

Current Year

Previous School

Siblings at The Regent School

Parent's Information

Name

First Name Last Name

Gender

Male
Female

Relationship to the pupil

Phone Number

E-mail

Home Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Business Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Any question / Suggestion ?

Date

Month Day Year

Signature

For office use only

Date received	DoB	Date of Assessment	Year Group	Place offered	Start