

Harold Shodipo Crescent, GRA, Ikeja

Tel: +234(1) 7743235, 4973850- Primary
Admission Hotline +234(1) 2706046 - Secondary
Fax: +234(1) 2790932
E-mail: info@grangeschool.com
Website: www.grangeschool.com



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Passport
Photograph

Grange School

A Culture of Continuous Improvement

PRIMARY

DATE: ___ / ___ / ___

PUPIL

Name: _____ Class/Year of Entry: _____
Date of Birth: _____ Sex: M[] F[]
Home Address: _____
Nationality: _____ Religion: _____
Last School Attended: _____ Class: _____
Any special need(s)? _____

FATHER

Father's Name (in full): _____ Alumni Nationality: _____
(Pls Tick)
Home Address: _____
Tel: _____ GSM: _____
Office Address: _____
Tel: _____ E-mail: _____
Profession: _____ Religion: _____

MOTHER

Mother's Name: _____ Alumni Nationality: _____
(Pls Tick)
Home Address: _____
Tel: _____ GSM: _____
Office Address: _____
Tel: _____ E-mail: _____
Profession: _____ Religion: _____

OTHER SIBLING(S) AT THE SCHOOL (Name(s) & Class(es))

Name: _____ Year: _____ D.O.B _____
Name: _____ Year: _____ D.O.B _____
Name: _____ Year: _____ D.O.B _____
Name: _____ Year: _____ D.O.B _____

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SECONDARY

DATE: ___ / ___ / ___

PUPIL

Name: _____ Class/Year of Entry: _____

Date of Birth: _____ Sex: M[] F[]

[Please tick the appropriate]
Boarding: Yes[] No[]

Home Address: _____

Nationality: _____ Religion: _____

Present School: _____ Class: _____

Any special need(s)? _____

FATHER

Father's Name (in full): _____ Alumni Nationality: _____
(Pls Tick)

Home Address: _____

Tel: _____ GSM: _____

Office Address: _____

Tel: _____ E-mail: _____

Profession: _____ Religion: _____

MOTHER

Mother's Name: _____ Alumni Nationality: _____
(Pls Tick)

Home Address: _____

Tel: _____ GSM: _____

Office Address: _____

Tel: _____ E-mail: _____

Profession: _____ Religion: _____

OTHER SIBLING(S) AT THE SCHOOL (Name(s) & Class(es))

Name: _____ Year: _____ D.O.B _____

Name: _____ Year: _____ D.O.B _____

Name: _____ Year: _____ D.O.B _____

Name: _____ Year: _____ D.O.B _____