



TRINITY INT'L COLLEGE STUDENTS REGISTRATION FORM

Passport
Photograph

First Name:

Middle Name:

Last Name:

Date of Birth

Phone Number

Email

Gender

Birth Certificate:

LGA:

State of Origin: _____

Nationality: _____

Present School

Present Class

Class enrolled for

PARENTS AND GUARDIAN

Fathers Details

Full Name

Telephone

House Address

Occupation

Email

Office Address

Mothers Details

Full Name

Telephone

House Address

Occupation

Email

Office Address

Guardians Details

Full Name

Telephone

House Address

Occupation

Email

Office Address
