



## ENTRANCE EXAMINATION CONSENT FORM

### STUDENT INFORMATION:

Full Name :   
(PLEASE USE CAPITAL)

Date Of Birth : / / Gender :  Male  Female

Current School: : \_\_\_\_\_ Class/Grade: \_\_\_\_\_

School Address : \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Full Name of Parent/  
Guardian:

Relationship to Student: \_\_\_\_\_

Home Number : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Email Address: : \_\_\_\_\_

*This space is where you can share notes*

Note : \_\_\_\_\_

### CONSENT FOR EXAMINATION:

I, the undersigned parent/guardian, hereby give my consent for my child to participate in the entrance examination for Kayron College as part of the admission process into the secondary school.

### EXAMINATION DETAILS:

The entrance examination will take place on the \_\_\_\_\_ at Kayron College Examination Hall.

#### More Information :

📍 37 Mopo Rd, Lekki - Epe Expy, Ajah, Sangotedo

☎ +234-817-0095-390, 0803-409-5071

🌐 [www.kayronschools.com](http://www.kayronschools.com)

**MOTTO:** *Our children, our future*

\_\_\_\_\_  
*Parent/Guardian's Signature:*

\_\_\_\_\_  
*Date:*