

Registration No:.....



AR-ROYAN ACADEMY

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Affix photo here

REGISTRATION FORM

APPLICANT INFORMATION

Surname: _____ Firstname: _____ Other names: _____

Student's email: _____ Date: _____

Age: _____ Sex: Male Female

Date of birth: _____ Nationality: _____

Course: _____

Country of origin: _____ preferred medium of instruction: English Yoruba

PARENT/GUARDIAN DETAILS

Name: _____

Contact No 1: _____ /Contact No 2: _____

Email 1: _____ Email 2: _____

Residential Address:

Permanent home address:
