



CHAPEL SECONDARY SCHOOL

UNIVERSITY ROAD, P.M.B.1572, ILORIN

STUDENT'S TESTIMONIAL FORM

Section A: Personal Details

Name:

Class: Admission No:

Date of Birth: Home Town:

Local Government Area: State/Country:

Period in C.S.S (Class and Year)

From: To:

Class Completed:

Name of Parent/Guardian:

Permanent Home Address.....

Section B: Activities & Achievements

Office Held:

Clubs & Societies:

Sports & Games:

Scholastic Honours:

Section C: Conduct & General Assessment

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