



Matrix Training Institute
STUDENTS REGISTRATION FORM

1. Name: Mr./Miss/Mrs. _____
2. Date of Birth: Day _____ Month _____ Year _____ Sex: Male/Female
3. Address: _____
4. Parent/Guardian's Name: _____
5. Address: _____
6. a) Tel. #: _____ b) Email Address: _____
7. a) High School / Senior Secondary School Attended: _____
b) Form or Grade Attained: _____
c) Indicate WASSE/GCE Results: _____

(Attach certified copies of results or certificates)
8. Any training or certificates or diploma received in relation to course to be offered:

9. Course(s) you wish to enroll in: _____
10. Sponsor's Name: _____
11. Sponsor's Address, Tel. #, Email Address: _____

12. Mode of Payment: _____

Applicant's Signature

Sponsor's Signature

Date: _____

N.B.:

1. a) Fees must be paid before the beginning of the course.
b) Payment plans must be worked out with the finance department
c) No personal cheques will be accepted
2. All payments must be made to the bursar and request for receipts for any payment made.