

JUBILEE CHRISTIAN ACADEMY
STUDENT ENTRY / EXIT GATE APPLICATION

NAME OF APPLICANT: _____

PARENT

GUARDIAN

STUDENTS

LEVEL

EXIT GATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMAIL ADDRESS: _____ CONTACT NUMBER: _____

CONFORME: _____
PARENT'S / GUARDIAN'S SIGNATURE DATE

DO NOT WRITE BEYOND THIS LINE

Received By / Date:

Approved By / Date:

PROPERTY STAFF

PROPERTY OFFICER

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