



# DELTA CAREERS ADULT EDUCATION

No. 160 AIRPORT ROAD, UGBOROKE  
P. M. B. 2281, WARRI,  
DELTA STATE, NIGERIA.

CENTRE.....  
EXAM NO.....  
AMOUNT PAID.....  
RECEIPT NO.....

Passport  
Photograph

## PROGRAMME FORM

### 1. GENERAL INFORMATION

- (a) NAME \_\_\_\_\_ SEX \_\_\_\_\_
- (b) AGE \_\_\_\_\_ DATE OF BRITH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_
- (c) NATIONALITY \_\_\_\_\_ STATE OF BRITH \_\_\_\_\_
- (d) LOCAL GROVT. AREA \_\_\_\_\_ HOME TOWN \_\_\_\_\_
- (e) POSTAL ADDRESS \_\_\_\_\_
- (f) RESIDENTIAL ADDRESS \_\_\_\_\_
- (g) E-MAIL ADDRESS \_\_\_\_\_

### 2. ACADEMIC RECORD

#### LAST SCHOOL ATTENDED

| NAME OF SCHOOL | CLASS OR CERTIFICATE PASSED | DATE OF LEAVING | REASONS FOR LEAVING |
|----------------|-----------------------------|-----------------|---------------------|
|                |                             |                 |                     |
|                |                             |                 |                     |
|                |                             |                 |                     |

### 3. HEALTH RECORD

| NAME OF ILLNESS SUFFERED IN THE PAST | YEAR | HOSPITAL VISITED | PRESENT HEALTH SITUATION |
|--------------------------------------|------|------------------|--------------------------|
|                                      |      |                  |                          |
|                                      |      |                  |                          |
|                                      |      |                  |                          |

4. NAME AND ADDRESS OF SPONSOR \_\_\_\_\_

### 5. FOR WORKERS ONLY

|                   |          |
|-------------------|----------|
| NAME OF EMPLOYER: | ADDRESS: |
| STATUS:           |          |
| TELL:             | EMAIL:   |

6. IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_

7. RESIDENTIAL ADDRESS \_\_\_\_\_

8. STUDENT'S SIGNATURE \_\_\_\_\_

### OFFICE USE ONLY

|                         |            |
|-------------------------|------------|
| Received By:.....       | Date:..... |
| Checked By:.....        | Date:..... |
| Principal's Remark..... |            |
| .....                   |            |
| Sign.....               | Date:..... |