



# DELTA CAREERS COLLEGE

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

Passport  
Photograph

## COMMON ENTRANCE FORM

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

### 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. FAMILY RECORD

I. NAME AND ADDRESS OF MOTHER	II. NAME AND ADDRESS OF FATHER
E-MAIL:	E-MAIL:
I. Mother's occupation	II. Father's occupation

- 5. CLASS APPLYING FOR \_\_\_\_\_
- 6. IF ADMITTED, WILL YOU STAY IN THE BOADING HOUSE? YES  NO
- 7. NAME AND ADDRESS OF SPONSOR \_\_\_\_\_
- 8. WHY DO YOU LIKE DELTA CAREERS COLLEGE? \_\_\_\_\_
- 9. IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_
- 10. STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

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