



DELTA CAREERS COLLEGE (NURSERY & PRIMARY)

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

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

Passport
Photograph

PUPIL'S APPLICATION 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) NAME OF SCHOOL PREVIOUSLY ATTENDED (IF ANY) _____
- (h) CLASS APPLYING FOR _____

2. HEALTH RECORD

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

3. IF ADMITTED, WILL YOU STAY IN THE BOADING HOUSE? YES NO

4. NAME AND ADDRESS OF PARENT/GUARDIAN _____

5. PARENT/GUARDIAN OCCUPATION _____ TEL _____

6. NAME AND ADDRESS OF SPONSOR _____

7. STUDENT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY

HEAD MASTER/HEAD MISTRESS COMMENT:.....
.....
Sign.....Date:.....