GOD'S DELIGHT COLLEGE (GDC)

EWETA IKIRUN, OSUN STATE
Hotlines: 08064237522, 08055422210
Motto: Supreme Foundation for Future Excellent

ADMISSION FORM

Please affix passport Photograph here

Sex _____ Day/Boarding _____

1. Child's Surname _____ others _____
   (Block Letters) (Please Underline the One normally use)
2. Date of birth _____ Nationality _____ State _____
3. Home Language _____ Religion _____
4. Recent school(s) attended with dates _____
   _____
5. Grade or class in present school _____
   _____
6. Medical History: Please give details of physical defects or incapacity, allergy, serious illness, bed wetting or other such matters about which the school ought to know _____
   _____
7. Name and address of child's normal medical practitioner who may be consulted if necessary
   _____
8. PARENT OR GUARDIAN
   Surname _____ Mr, Mrs, e.t.c _____
   Other name _____ Relationship to child _____
   Occupation _____
   Postal address in Nigeria _____
   Home address if different _____
   Telephone Number _____ Business _____ Private _____
   I hereby make application for registration of the above named child of whom I am the legal guardian / parent.
   Signatures _____ Date _____
9. I hereby certify that the statement given in Nos 1-5 above are correct.

   _____ _____
   Name of Headmaster Headmaster's signature & school stamp
10. Centre Desired: IKIRUN OYO(Tick or underline Town of your choice)

GOD'S DELLIGHT COLLEGE

EWETA IKIRUN, OSUN STATE

Received with thanks from _____ The sum of _____

The number on this receipt is your Examination number. The candidates should bring the completed form and this slip to gain admission to the Examination hall on Saturday.

Scanned with AnyScanner