



DERIL ACADEMY

NO 134, OPPOSITE BOLA IGE INTERNATIONAL MARKET, (NEW GBAGI LAST GATE) OLD IFE ROAD, IBADAN. P.O. BOX 21411 U.I. POST OFFICE.
TEL: 08056127047, 08026990008 E-mail: derilacademy@yahoo.com
www.derilacademy.org

ENTRANCE EXAMINATION FORM

Session: _____ Exam. No _____

Passport
Photograph

1. Child's Surname: _____ (Block letters)
2. Other Names: _____
3. Sex: _____ 4. Religion: _____ 5. Denomination _____
6. Nationality: _____ 7(a). State of Origin: _____ 7(b) Date of Birth _____
8. Home Town: _____ 9. Language Spoken at home: _____
10. Recent School(s) attended with date(s): _____

11. Class in the present school _____
12. Expected duration of child's attendance at Deril Academy _____
13. Medical History: Please give details of physical defects or incapacity, allergy, serious illness, bedwetting or other such matter about which the school ought to know _____
14. Name and address of child's normal medical practitioner who may be consulted if necessary _____

15. PARENT OR GUARDIAN _____
 - a) Surname _____
 - b) Other names _____
 - c) Relationship to child _____
 - d) Occupation _____
 - e) Postal address in Nigeria _____
 - f) Home address _____
 - g) Telephone No, Home _____ Business _____ Private _____

16. I hereby make application for registration of the above named child of whom I am the legal parent/guardian.

Signature _____ Date _____

17. The Head teacher
I hereby certify that the statements given in Nos 1 – 11 above are correct

Name of Head teacher

Signature & School stamp

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_____ has paid the sum of _____
being Entrance Examination fee.

Accountant

Examination Number will be given at the examination venue. The candidate should bring the completed form and this slip to gain admission into the Examination hall on the specified date.