

DERIL ACADEMY

NO 134, OPPOSITE BOLA IGE INTERNATIONAL MARKET, (NEW GBAGI LAST GATE) OLD IFE ROAD, IBADAN, P.O. BOX 21411 IJ L. POST OFFICE.

Child's Surname: (Block letters) Other Names: Sex: 4. Religion: 5. Denomination Nationality: 7(a). State of Origin: 7(b) Date of Birth Home Town: Recent School(s) attended with date(s): Class in the present school Expected duration of child's attendance at Deril Academy. 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 Name and address of child's normal medical practitioner who may be consulted if necessary 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 I hereby make application for registration of the above named child of whom I am the legal parent/guardian. Signature Date The Head teacher I hereby certify that the statements given in Nos 1 – 11 above are correct Name of Head teacher Signature & School stamp DERIL ACADEMY 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			www.der	ilacademy.org	,0,	
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Other Names: Sex:	Se	ession:	Passport Photograp			
Other Names: Sex:	Cr	nild's Surname:	(Block lette	ers)		
Sex: 4. Religion:						
Home Town:	Se	ex:	_ 4. Religion:		_ 5. Denomination	
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ENTRANCE EXAMINATION FORM Session: Exam. No Passpore Photograph	134,		P.O. BOX 2141	1 U.I. POST OFFI	CE.	ROAD, IBADAN.
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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.