

CATHOLIC DIOCESE OF ISSLE-UKU  
**ST. AUGUSTINE'S COLLEGE**

P.O.BOX 44, IBUSA, DELTA STATE

**ENTRANCE EXAMINATION FORM**

FOR.....ACADEMIC SESSION

1. NAME OF CANDIDATE

- (A) SURNAME:.....
- (B) FIRST NAME:.....
- (C) OTHER NAME:.....

- 2. SEX:.....
- 3. DATE OF BIRTH:.....
- 4. PLACE OF BIRTH:.....
- 5. RELIGION:.....
- 6. DENOMINATION:.....
- 7. CONTACT ADDRESS:.....
- 8. HOMETOWN:.....
- 9. LOCAL GOVERNMENT AREA:.....
- 10. STATE OF ORIGIN:.....
- 11. PRIMARY SCHOOL(S) ATTENDED WITH DATE:.....  
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- 12. BOARDING:.....
- 13. ANY DISABILITY:.....
- 14. CLASS AT PRESENT:.....
- 15. FATHER'S NAME:.....
- 16. MOTHER'S NAME:.....
- 17. FATHER'S OCCUPATION (IF ALIVE):.....
- 18. MOTHER'S OCCUPATION (IF ALIVE):.....
- 19. SPONSORS NAME:.....
- 20. CANDIDATE'S SIGNATURE:.....
- 21. SPONSOR'S SIGNATURE:.....

N.B: COMPLETED APPLICATION FORM SHOULD BE SUBMITTED TO THE SCHOOLS ADMINS OFFICE

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