



De' Excellence TUTOR.

Sagba compound Oluofinrin, Ikire, Osun State.

Contacts: 07048101023/09152514877

STUDENT REGISTRATION FORM

❖ **SECTION A: Student personal details.**

Surname:	
First name:	
Middle name:	
Date of birth(day/month/year):	
Gender (Male or Female):	
Phone number:	

➤ **EXAMINATION:** *Please choose from below the exam you want to write!*

☐ **WAEC** ☐ **WAEC-GCE** ☐ **NECO** ☐ **NECO-GCE** ☐ **UTME**

➤ **SUBJECT COMBINATION:**

Subject 1:
Subject 2:
Subject 3:
Subject 4:
Subject 5:

Parent/Guardian's Occupation:

Parent/Guardian's Phone number:

Home Address:

I _____ hereby promised to follow diligently all the rules and regulations that guide the tutorial and every other academic activity within or without the tutorial's time frame so as to achieve academic excellence and complete success.

Signature: -----

Date: -----

❖ **SECTION B: Official** (to be completed by the management)

CONFIRMATION:

This is to confirm that the above details were correctly filled by the student today -----

and we hereby admit the above student into **De'Excellent Tutorial**.

Signature: -----

Date: -----

