

**DELIZON & ELVEE INTERNATIONAL FRENCH PROGRAMME**  
**83 Abeokuta Expressway Dopemu, Lagos**  
**Phone: 07037628734; 08142346752**

**REGISTRATION FORM**

photograph

1. SURNAME \_\_\_\_\_
2. OTHER NAMES \_\_\_\_\_
3. RESIDENTIAL ADDRESS \_\_\_\_\_
4. SEX \_\_\_\_\_ 5. DATE OF BIRTH \_\_\_\_\_
5. NATIONALITY \_\_\_\_\_ 7. STATE OF ORIGIN \_\_\_\_\_
8. RELIGION \_\_\_\_\_
9. PRESENT SCHOOL (IF ANY) \_\_\_\_\_
10. LEVEL FOR WHICH ADMISION IS SOUGHT  
\_\_\_\_\_
11. NAME OF SPONSOR \_\_\_\_\_
12. OCCUPATION OF SPONSOR \_\_\_\_\_
13. OFFICE ADDRESS OF SPONSOR \_\_\_\_\_
14. RELATIONSHIP OF SPONSOR \_\_\_\_\_
15. RESIDENTIAL ADDRESS OF SPONSOR \_\_\_\_\_
16. TELEPHONE \_\_\_\_\_
17. DO YOU REQUIRE EXTRA COACHING    YES        NO
18. EMAIL ADDRESS \_\_\_\_\_
19. EMERGENCY CONTACT \_\_\_\_\_
20. EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

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DATE SIGNED

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**PICTURE POLICY**

I \_\_\_\_\_

Give permission to the Delizon & Elvee International French Language program to publish any or all event pictures, taken during the duration and conducting of this program.

SIGNATURE \_\_\_\_\_

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