



DIVINE PERFECT GRACE ACADEMY

PASSPORT

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**Building Excellent Minds With The Fear Of
God**

STUDENT INFORMATION

First Name	
Last Name	
Other Name	
Date of Birth	
Gender	
Nationality	
State of Origin	
LGA	
Last School Attended	
Last Completed Class	
Class Applied For	

SPONSOR 1 DETAILS (FATHER)

Title	
Surname	
Other Name	
Address	
Occupation	
Email Address	
Phone Number	
Alternative Phone Number	

SPONSOR 2 DETAILS (MOTHER)

Title

Surname

Other Name

Address

Occupation

Email Address

Phone Number

Alternative Phone Number

OTHER DETAILS

Student Language Spoken

Learning Challenges?

How did you hear about us?

DECLARATION

Parent / Guardian Signature

Date