

STUDENT ENROLMENT FORM 2010**PERSONAL**

Name: _____
 (Surname) (Given name) (Other name)

Gender: Female/Male

Faculty: _____ Department: _____ Year: _____

Date of Birth _____ Place of Birth _____

Home Province: _____ District: _____ Village: _____

Now Living in: _____

Student's Permanent Postal Address: _____

Religion/Church _____

Home Parish _____ Priest/Pastor _____

Relatives at DWU _____

Student Marital Status: never married / married / single parent / divorced / widowed

Spouse's Name _____ Number of children _____

Spouse's Address _____

YOUR EDUCATION

Primary _____

High School _____

Other Training Schools _____

Employment _____

III. FAMILY

Father: _____

Name _____

Occupation _____

Employer _____

Education _____

Phone:Wk _____ Hm _____ Fax _____

Address _____

Mother: _____

Name _____

Occupation _____

Employer _____

Education _____

Phone:Wk _____ Hm _____

Address _____

Other Contact (in case of emergencies) or Spouse _____

Who provides your finances (if not parents)? _____

