CATHOLIC COMPREHENSIVE COMMUNITY COLLEGE



Information Technology

ULIC CUMPHEHENSIVE CUMM	UNIII CULL	PA	SSPORT SIZE PHOTO
All correspondence to be directed to the Prin	Leri Tel: 284/ Fax: 224	01 240	
STUDENT NAME:			
INSTRU	CTIONS TO TH	E APPLICANT	
Complete application form; attach ap letter, educational and medical certipassport copy, passport size photo principal of your last school attending from priest of your church with date street approach to the street of the street of your church with date street or your date or your dat	ficate (original wand two letters to g to you conduct	ith the receipts from rom referees (one f and general behavi	n government hospital) rom the head master /
THE DIRECTOR OF ADMISSION			
P. O BOX 342			
LERIBE 300			
PLEASE MARK THE 1 ST AN	D 2 ND CHOICE C	OURSE YOU WISH T	O FOLLOW:
Motor Vehicle Technology (Automoti	/e)	Bricklaying and P	lastering
Electrical Installation		Plumbing	

Carpentry and Joinery

PERSONAL DETAILS

Title: MR

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DISABILITIES: Do you have a medical condition or disability? If so, please indicate with an 'x' below:

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Deaf	Epilepsy	Hard of N	Mild/Moderate	Intellectual	y Disabled	Multiple Disabled	Partially	Psychiatric		
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