THE WEST AFRICAN EXAMINATIONS COUNCIL
WEST AFRICAN SENIOR CERTIFICATE EXAMINATION
UPLOAD OF SSS2 STUDENTS CONTINUOUS ASSESSMENT SCORES

CANDIDATE REGISTRATION DETAILS

NAME OF SCHOOL: ----------

SURNAME: ----------

FIRST NAME: ----------

OTHER NAME: ----------

DATE OF BIRTH: **DAY _____ MONTH_____YEAR_____**

SEX: **MALE**

DISABILITY: **……**

E-MAIL: **……**

GSM NO: **……**

STATE OF ORIGIN: **……**

SUBJECTS

S/N	SUBJECT	CAS1(SS1 RESULT)
1.	ENGLISH LANGUAGE	
2.	MATHEMATICS	
3.	BIOLOGY	
4.	ECONOMICS	
5.	CIVIC EDUCATION	
6.	DATA PROCESSING	
7.		
8.		
9.		