

FORM A

THE WEST AFRICAN EXAMINATIONS COUNCIL

2021 WASSCE FOR PRIVATE CANDIDATES

FORM FOR CANDIDATES WITH SPECIAL NEEDS

(This Form must be completed in duplicate. The original copy should be sent to the Council together with the registration documents and the duplicate kept by the candidate)

INVOICE NO.	NAME OF CANDIDATE	VISUALLY IMPAIRED*	LOW* VISION	HEARING* IMPAIRED	CEREBRAL PALSY	OTHER (SPECIFY)

*Please **TICK** as appropriate

CORE SUBJECTS	ELECTIVE SUBJECTS
1)	1)
2)	2)
3)	3)
4)	4)

NOTES:

1. Applications from candidates should be accompanied by medical reports. It is imperative that the letters are detailed and with recommendations on the kind of assistance needed.
2. Requests without medical reports would not be processed.

