



## CENTRE FOR INFORMATION TECHNOLOGY AND DEVELOPMENT (CITAD)

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### INTER-SECONDARY SCHOOL IT QUIZ PARTICIPATION FORM

1. Name of school:.....

2. e-Mail Address:.....

3. Type of School (tick one)

a. Male School

b. Female School

c. Mixed School

4. Has your School participated in the Quiz before?

a. Yes

b. No

I submit that my school will participate in the quiz

Signature of Principal or his/her Representative \_\_\_\_\_

Name of Principal or his/her Representative \_\_\_\_\_

Date \_\_\_\_\_

Fill, scan and email this form to [info@citad.org](mailto:info@citad.org)