



**P. O. Box MB312, Accra  
Phone : 0203525932**

**ADMISSION FORM**

1. Child's name: \_\_\_\_\_

2. Child's date of birth: dd \_\_\_\_\_ mm \_\_\_\_\_ yyyy \_\_\_\_\_

3. Profile Image: (*Present Hard Copy to the school*)

4. Gender: \_\_\_\_\_

5. Religion: \_\_\_\_\_

6. Nationality: \_\_\_\_\_

7. Birthplace: \_\_\_\_\_

8. Residential Address: \_\_\_\_\_

9. GPS Code: \_\_\_\_\_

10. Specially Abled? \_\_\_\_\_

11. Child's allergies: \_\_\_\_\_

12. What class are you applying for? \_\_\_\_\_

## PARENTS DETAILS

13.Father's Name: \_\_\_\_\_

14.Father's Phone Number: \_\_\_\_\_

15.Father's Email Address: \_\_\_\_\_

16.Mother's Name: \_\_\_\_\_

17.Mother's Phone Number: \_\_\_\_\_

18.Mother's Email Address: \_\_\_\_\_

## HISTORY

19.Previous School: \_\_\_\_\_

20.Reason for leaving last school: \_\_\_\_\_

21.Previous Class: \_\_\_\_\_

22.Birth Certificate: (*Present Hard Copy to the school*)

23.Current Terminal Report: (*Present Hard Copy to the school*)

