

ADMISSION FORM

Form No.:

Date:

Admission No.:



Affix passport size photo of the student

STUDENT'S PROFILE:

Name of pupil (In capital letters) : _____

Admission sought for Class : _____ Academic Year : -

Date of Birth : / /
D D M M Y Y Y Y

Place of Birth : _____ State: _____

Nationality : _____ Religion: _____

Gender : Male Female

Residential Address : _____

Contact: _____

Pin Code: _____

Mother Tongue : _____ Blood group: _____

Identification Marks : (1) _____

(2) _____

Previous academic record

Name of the previous school & location	Class	Year of Study	Percentage/Grade

Appraisal of your Child

Please mention the achievements, if any, of your child in academics/extra/co-curricular activities

General Behaviour: Mild Normal Hyperactive

Please mention, in brief, if there is any history of previous illness, allergy or physical /psychological illness.

Select Language Commonly Spoken

Parents Name/
Signature

1. _____

2. _____

Twi

English

Ewe

Ga

Other