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|  **ONE** **PASSPORT** **PICTURE** |

 **CHRISTIAN ANOINTED SCHOOL**

 LOCATION: Gbawe Top Base Near Church Of Christ

 P.O.Box GP2093, Accra

 Tel: +233-208333561/+233-277317925

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| **NEEDY ADIMISSION FORM(A)**  |

 **CONFIDENTIAL**

Child Name……………………../…………………………………../…………………………….
 Surname Middle Name First name

Date of Birth……………………………………………………Age:……………………………..

Previous school attended:………………………………............ Grade/Class:……………………

Reason for leaving previous school:………………………………………………………………..

………………………………………………………………………………………………………

Parent’s place of resident………………………………………...House No:………………………

Name of Parent:………………………………………………….Age:…………………………….

Guardian Resident:…………………………………..…………..House No:………………………

Name of Guardian:……………………………………………….Age…………………………….

Profession/Occupation:……………………………………………………………………………...

Region /Place of work:……………………………………………………………………………...

Education /Qualification:……………………………………………………………………………

Contact No of Parent/Guardian:…………………………………………………………………….

Name of the person to pick up the Child:…………………………………………………………...

Relationship to pupil:……………………………………………………………………………….

**SIGNIFICANT DATA**

 Pupil Lives with: Both Parents Mother Father Guardian

 (Please tick one Application)

 **DECLARATION**

 I………………………………………………………………………have today……………………………….20…………………………..agreed to enroll my ward ………………………………………………………………………as a pupil of the above named institution .

I obliged to pay all necessary fees at regular times as required by the school administration.

Thank you for enrolling with Christian Anointed School.

Name of Parent / Guardian Signature of Parent /­Guardian

 …………………… …………………..

 **FOR OFFICIAL USE ONLY**

DATE OF ADMISSION:………………………………………………………………………….

PUPIL FILE NO:……………………………………………………………………………………

 CHILD HEALTH STATUS

Any Medical Condition: e.g. Convulsion, Food Allergy, Migraine etc.

Financial status of parent: Good Average Below Average

(Please tick)

Single Parent: YES NO

Divorce: YES NO