

# **CHRISTIAN ANOINTED SCHOOL**

**LOCATION: Gbawe Top Base Near Church Of Christ**

**P.O.Box GP2093, Accra**

**Tel: +233-208333561/+233+277317925**



**ADIMISSON FORM(A)**

**CONFIDENTIAL**

**ONE**

**PASSPORT**

**PICTURE**

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:.....

**Gbawe-Top Base**

---

## 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 ☐