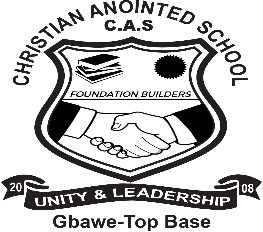
|  |
| --- |
| **ONE**  **PASSPORT**  **PICTURE** |

**CHRISTIAN ANOINTED SCHOOL**

 LOCATION: Gbawe Top Base Near Church Of Christ

P.O.Box GP2093, Accra

Tel: +233-208333561/+233-277317925

|  |
| --- |
| **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