CHRISTIAN ANOINTED SCHOOL

LOCATION: Gbawe Top Base Near Church Of Christ

P.O.Box GP2093, Accra

Tel: +233-20833356l/+233-277317925

ONE PASSPORT PICTURE

NEEDY ADIMISSION FORMCA)

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 ☐ Guardia ☐

(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 ☐