STANFORD SCHOOL

BANKERS
PRUDENTIAL BANK
Makola Branch
ACCRA

P.O. BOX TS 489
TEL: 030-2715624
030-7012379

ADMISSION FORM

Please read carefully the attached prospectus before filling the form

ADMISSION NUMBER	CLASS ADMITTED TO

1. SURNAME: _____
2. OTHER NAMES _____ SEX :_____
3. DATE OF BIRTH _____AGE _____
4. HOMETOWN _____REGION _____
5. MOTHER TONGUE _____RELIGION _____
6. PREVIOUS SCHOOLS: -

SCHOOL	DATE OF ADMISSION	AGE	DATE OF LAST SCHOOL ATTENDANCE

PARENTS

7. NAME OF FATHER _____
8. HOUSE ADDRESS (HOUSE NUMBER)_____

   STREET_____TEL _____
9. BUSINESS ADDRESS:_____

   _____TEL:_____
10. OCCUPATION:_____RELIGION_____
11. NAME OF MOTHER _____
12. HOUSE ADDRESS (HOUSE NUMBER)_____

    STREET_____TEL _____
13. BUSINESS ADDRESS:_____

    _____TEL:_____
14. OCCUPATION _____RELIGION _____

DECLARATION

I, _____, declare that I am the parent of the above named pupil. I oblige to pay **all fees and charges in respect of the said pupil and permit my child to take part in all school activities and programmes**. In an event of withdrawal of the pupil, I accept to pay TERM'S FEE in lieu of a term's notice. I give my accent to my child to be brought up in the Christian way of Life.

_____ _____

Signature Date

B. FAMILY DATA

FATHER

Name_____
Address _____
Occupation _____
Education _____Religion _____
No. of Wives _____ Date of Death: _____
(If dead)

MOTHER

Name: _____
Address: _____
Occupation: _____Religion_____
Education: _____ Date of Death: _____
(If dead)

GUARDIAN

Name: _____
Address: _____
Occupation: _____Religion_____
Education: _____
Relationship to Pupil: _____
Date Guardianship began: _____

C. SIGNIFICANT DATA

Pupil Live with: - Both Parents ☐ Mother ☐ Father ☐
Guardian ☐ Alone ☐

No. of Other Children Living in the home: - Older: _____
Younger: _____

Home Conditions:

1. _____ 2. _____

3. _____ 4. _____

Ghanaian Language Spoken

1. _____ 2. _____

3. _____ 4. _____

_____ _____
Signature Date