



# FAITH MONTESSORI SCHOOL

P. O. BOX 15063, ACCRA-NORTH.

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## ENQUIRY FOR ADMISSION

1. NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ CLASS: \_\_\_\_\_

CLASS TO WHICH ADMISSION IS SOUGHT: \_\_\_\_\_

HOW DID YOU HEAR OF THE SCHOOL? \_\_\_\_\_

(If through friends, please state their names.)

NAME OF FATHER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_

TELEPHONE (OFFICE): \_\_\_\_\_ (RESIDENCE): \_\_\_\_\_

MOBILE NO.(S): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### IF MORE THAN ONE CHILD

2. NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ CLASS: \_\_\_\_\_

CLASS TO WHICH ADMISSION IS SOUGHT: \_\_\_\_\_

3. NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ CLASS: \_\_\_\_\_

CLASS TO WHICH ADMISSION IS SOUGHT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

(Please attach your child's last School report to this form.)

(For office use only)

## PARENTS' DETAILS

<b>FATHER:</b>	<b>MOTHER:</b>
<b>NAME:</b>	<b>NAME:</b>
<b>AGE:</b>	<b>AGE:</b>
<b>RESIDENTIAL ADDRESS:</b>	<b>IF DIFFERENT:</b>
<b>POSTAL ADDRESS:</b>	<b>IF DIFFERENT:</b>

## EDUCATIONAL BACKGROUND

<b>NAME OF INSTITUTIONS &amp; DATES:</b>	<b>NAME OF INSTITUTIONS &amp; DATES:</b>
<b>FORMS 1 - 5 / J.H.S.:</b>	<b>FORMS 1 - 5 / J.H.S.:</b>
<b>SIXTH FORM / S.H.S. / I.B.:</b>	<b>SIXTH FORM / S.H.S. / I.B.:</b>
<b>UNIVERSITY / TERTIARY INSTITUTION:</b>	<b>UNIVERSITY / TERTIARY INSTITUTION:</b>
<b>PROFESSION:</b>	<b>PROFESSION:</b>
<b>OCCUPATION:</b>	<b>OCCUPATION:</b>
<b>SIGNATURE:</b>	<b>SIGNATURE:</b>
<b>DATE:</b>	<b>DATE:</b>