FAITH MONTESSORI SCHOOL

P. O. BOX 15063, ACCRA-NORTH.
Phone#: (233-0302) 33 12 75 / 76 (G)
E-mail: info@faithms.edu.gh / faithmontessorisch@gmail.com
Web Site: www.faithms.edu.gh

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

FATHER:	MOTHER:
NAME:	NAME:
AGE:	AGE:
RESIDENTIAL ADDRESS:	IF DIFFERENT:
POSTAL ADDRESS:	IF DIFFERENT:

EDUCATIONAL BACKGROUND

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