



EMMALORD EDUCATIONAL COMPLEX

P.O BOX 961, DUMASUA - SUNYANI

Knowledge is Power

ADMISSION FORM

Passport Picture

Name of Child:

Age:

Date of Birth:

Place of Birth:

Class Required:

Last School attended:

Reason for leaving school:

Religious Denomination:

Christian ☐ Muslim ☐ Other ☐ please tick ✓

Father's Name:

Father's Contact:

Father's Occupation:

House No./Location:

Mother's Name:

ADMISSION FORM

Mother's Contact:

Mother's Occupation:

House No./Location:

Relationship of Child:

Guardian's Name:

Guardian's Contact:

Guardian's Occupation:

House No./Location:

MEDICAL INFORMATION

1. Does your child have any allergies?

Yes ☐ No ☐ please tick ✓

If yes, please give details:

2. Does your child have a disability?

Yes ☐ No ☐ please tick ✓

3. Are there any health problems of which we should be aware?

Yes ☐ No ☐ please tick ✓

UNDERTAKING BY PARENT / GUARDIAN

I, _____ (the parent ☐ or guardian ☐)

of the above named learner do hereby certify that the statements made on this form are correct and that I will take responsibility for the upkeep of my ward in course of his/her stay in Emmalord Educational Complex.

PARENT TO NOTE

Photocopy of child's birth certificate must be attached.