



# EMMALORD EDUCATIONAL COMPLEX

P.O BOX 961, DUMASUA - SUNYANI

Knowledge is Power

## ADMISSION FORM

Passport Picture

Name of Child:

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Age:

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Date of Birth:

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Place of Birth:

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Class Required:

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Last School attended:

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Reason for leaving school:

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Religious Denomination:

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Christian ☐ Muslim ☐ Other ☐ please tick ✓

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Father's Name:

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Father's Contact:

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Father's Occupation:

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House No./Location:

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Mother's Name:

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# ADMISSION FORM

Mother's Contact:

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Mother's Occupation:

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House No./Location:

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Relationship of Child:

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Guardian's Name:

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Guardian's Contact:

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Guardian's Occupation:

---

House No./Location:

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## MEDICAL INFORMATION

**1. Does your child have any allergies?**

Yes ☐ No ☐ please tick ✓

If yes, please give details:

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**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.