

SIDDIQ SENIOR HIGH SCHOOL

P. O. Box NK 77, Agona Nyakrom Tel: 0246718911/0244679953 Email: siddiqshs.edu@gmail.com Motto: Knowledge Is the Lost Treasure of the believer

Passport picture

ADMISSION FORM

Name of Applicant			
	(Surname)	othe	er name(s)
Date of Birth	Religion	Age	Gender
Any Physical Handicap	If yes state nature of	of it	
	ics ite	NHIS No	
Nationality	Place of Residence	Reg	gion
Previous JHS Attended			
Index number	Aggregate		3
Admission For	(Form one)	(Forr	m Two)
Special Interest / Hobbies			
•	icate by ticking 1.Gen.Science [5. Visual Arts	2. Gen. Arts	3. Business
	Parent/ Guardian		
Place of Work	Tel		<u></u>
Occupation of Parent / Gua	ardian	Relation to Student	
Declaration by Student : I	······	having decla	red my intention to
pursue the above course, p	romise to abide by the School's I	Rules and Regulations.	I also promise to take
good care of all schools' pr	roperties and that I should be held	d liable for any damage	I may cause to any
property.			
Parent / Guardian: I		having	consented to the
charges relating to damage	es caused by my ward.		

	First semester	Second semester
Semester in which the student v	was admitted	
		1700
Signature of Parent / Guardian	Signature of Student / Applicant	Date
	Approved by:	
	MOHAMMED FUSE	EINI
	(Assist. Headmaster Ac	dmin.)

PROGRAM ALLOCATION WITH RESPECTIVE CLASSES

CLASS ALLOCATION CLASS ALLOCATION									
GENERAL ARTS			BUSINESS	HOME ECONOMICS			SCIENCE	VISUAL ARTS	
ART 1	ART 2	ART 3	ART 4	BUSINESS	H E 1	H E 2	H E 3	SCI 1	V 1
				11					
Economics	Economics	Economics	Economics	Economics	Biology /	Biology /	Clothing and	Biology /	Economics/
					French	French	Textiles	Elective ICT	Picture making
Geography	Government	Government	Government	Financial	Foods and	Foods and	G. K. A	Chemistry	G. K. A
				Accounting	Nutrition	Nutrition			
Elective	History	History	Fante /Twi/	Business	Management	Management	Management	Physics	Jewellery
mathematics		·	French	management	in living	in living	in living	•	·
Government	IRS	IRS	IRS/literature	Elective	G. K. A	G. K. A	Economics/	Electives	Graphic design
				maths			Chemistry	Maths	
				/costing					

SIDDIQ SENIOR HIGH SCHOOL – AGONA NYAKROM MEDICAL HISTORTY

Name of student:
Date of Birth:
Height:
Does he / she suffer from: (YES / NO)
Sickle-cell disease
■ Rheumatism
Asthma:
■ Fainting Spells:
• Ulcer:
Drug addict:
Has he /she had any serious illness or operation at any time of his /her life? (YES / NO)
If YES, What:
When:
From which doctor or hospital did he /she receive treatment? (YES / NO)
Does he / she wear glasses?
If so, What are the prescriptions?
Does he/she have hearing impairment?
If so, please describe condition
Signature of Parent / Guardian Signature of Student / Applicant