



HONEYPOT ACADEMY

Post Office Box MD387, Madina-Accra, Ghana.
Office Telephone: 0202256222

ADMISSION FORM

PUPIL'S INFORMATION

Pupil's Surname: _____

Other Name(s): _____

Date of Birth: _____ Place of birth /Country: _____

Religion: _____ Languages Spoken: _____

Hometown: _____ Current Class: _____

Class in which pupil is seeking admission: _____

Any chronic disease or allergy? No ☐ . If yes ☐ give details and provide copy of medical report.

PARENTS/GUARDIAN INFORMATION

Father's name: _____

Occupation: _____ Tel: _____

Email: _____

Mother's name: _____

Occupation: _____ Tel: _____

Email: _____

Guardian's name _____

Occupation _____ Tel: _____

Email: _____

ADDRESS

Residential: _____

Digital Address _____ Postal Address _____

Parent/Guardian's Signature: _____ Date: _____

OFFICIAL USE ONLY

_____ was admitted here
in _____ on _____

Headmistress

Term /Academic year

Admission Number

B. SCHOOLS ATTENDED

SCHOOL	Date of Admission	Age of Admission	Date of last attendance

C. NO. OF SIBLINGS LIVING IN THE HOME: _____ **Older:** _____ **Younger:** _____

Names of Siblings in Honeypot Academy	Class	Discount

D. SPECIAL PHYSICAL HANDICAPS

Part of Body	Description of Handicap
Eye Sight	
Hearing	
Speech	
Arm	
Leg	
Chronic skin or other illness	

I _____ (name of parent/guardian) certify that the information in this application about my child is true and correct to the best of my knowledge. I understand that providing false information may result in the rejection of this application or withdrawal of an offer of admission.

Signature: _____

Date: _____