**WEST AFRICAN EXAMINATION’S COUNCIL – GHANA**

**BASIC EDUCATION CERTIFICATE EXAMINATION**

**TAFO MUNICIPAL 2022 B.E.C.E. REGISTRATION.**

**PICTURE NO**

NAME OF SCHOOL: …………………………………………………………………………………………………………………… CENTER NO.: …………………………………

**SURNAME FIRST FOLLOWED BY OTHER NAMES (SHOULD NOT BE MORE THAN 40 CHARACTERS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(TICK () WHERE APPLICABLE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENDER** | |  | **DATE OF BIRTH** | | | | |  | **DISABILITY** | | |  | **SCHOOL TYPE** | |
| **MALE** | **FEMALE** |  | **D** | **D** | **M** | **M** | **YEAR** |  | **BLIND** | **DEAF** | **DUMB** |  | **PRIVATE** | **PUBLIC** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GHANAIAN LANGUAGE** |  | **B.D.T OPTION** |  | **FRENCH** | |  | **ICT** | |
|  |  |  |  | **YES** | **NO** |  | **YES** | **NO** |

HEADTEACHER’S SIGN.: ………………………………………………… PARENT’S SIGN.: …………………………………….. CANDIDATE’S SIGN.: ……………………………..

HEADTEACHER’S TEL.: …………………………………………………. PARENT’S TEL.: ………………………………………………………………….