



# CORNELIA CONNELLY SCHOOL OF THE HOLY CHILD JESUS

## NKASAIM-GOASO

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### ADMISSION FORM

### NURSERY (AGE: 3-4)

(Please Fill in Block Letters)

Paste Child's  
Recent Passport  
Size Photograph

#### A. CHILD'S PARTICULARS

Surname	
First Name	
Other Names	

Date of Birth(d/m/y)		Place of Birth		Sex	
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Address of Permanent Residence	
Home Town	
Tribe	
Nationality	
Religious Denomination	
Language(s) Spoken	
Physical Disabilities (if any)	
Other Medical Condition e.g. allergies, etc.	

#### B. CHILD'S HEALTH DETAILS

Please indicate **YES** if the child is immunised and fill in the date of vaccination or **NO** if the child is not immunized

Immunisation	YES / NO	Date of Vaccination
a. Poliomyelitis		
b. Measles		
c. Yellow Fever		
d. Tetanus		
e. Whooping Cough		

### C. PARTICULARS OF PARENTS/GUARDIAN

FATHER'S NAME	
Postal/Residential Address	
Nationality	
Home Town	
Phone Number	
e-mail	
Occupation	
Religious Denomination	

MOTHER'S NAME	
Postal/Residential Address	
Nationality	
Home Town	
Phone Number	
e-mail	
Occupation	
Religious Denomination	

Please indicate if child lives with any of the following (Please tick appropriate)

Father	<input type="checkbox"/>	Other <input type="checkbox"/>	
Mother	<input type="checkbox"/>	(Specify)	

I certify that the information given on this form is correct

Date: .....

\_\_\_\_\_  
Signature of Parent/Guardian

N.B. Please submit this form together with the Child's Birth Certificate (*original & photocopy*) and a Photocopy of Health Insurance & Hospital card (front and back).

**CLOSING DATE FOR SUBMISSION: 31ST JULY 2017**

### FOR OFFICE USE

Date of Admission : \_\_\_\_\_  
Admitted to Class : \_\_\_\_\_  
Admission Number : \_\_\_\_\_



\_\_\_\_\_  
Signature of Headmistress