

MANSEN SENIOR HIGH SCHOOL - WAMFIE

In case of reply,
the number and date of this letter should be quoted

Our ref No:.....

Your ref No:.....



Education for Progress

Post Office Box 49,
Wamfie, Bono Region, Ghana.

Tel: +233 (024) 4118981

E-mail: infor@mansenshs.com

Web: <https://mansenshs.com/>



ADMISSION FORM

Student's Details

Name:

Gender: ☐ Male ☐ Female

Date Of Birth:

Admission To I. Form/Class:.....Admission Number:.....

II. Course / Programme:.....

House Assigned to:.....

Religious Denomination:.....

Last School Attended:..... Index Number:.....

Student's Address:

Date of Admission into this School:

Home Town:..... District:

Region:

Parent Details

Father Name:

Father Phone:

Occupation:

Signature / Thumbprint:

Mother Name:

Mother Phone:

Occupation:

Signature / Thumbprint:

Guardian Details

Name:

Phone:

Occupation:

Signature / Thumbprint:

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DECLARATION FORM SECTION A TO BE COMPLETED BY STUDENT

I,
(NAME OF STUDENT, IN BLOCK LETTERS) do hereby accept to be a Day/Boarding student of Mansen Senior High School. I promise to abide by the school rules and regulations throughout my stay in the school. failure to abide by the school rules, regulations and to act in any manner likely to bring the good name of the institution into disrepute, I will subject myself to any disciplinary action in line with the unified Code of Discipline for Secondary and Technical schools.

I further promise to work hard at all times to uphold and defend the good name of the institution.

Signature:

Date:.....

SECTION B TO BE COMPLETED BY PARENT / GUARDIAN

I,
(NAME OF GUARDIAN IN BLOCK LETTERS) do hereby accept that my (Son / Daughter / Ward)

..... (NAME OF STUDENT), who is enrolled in Mansen Senior High School - Wamfie is accepted. that, if my ward my resorts to any violence or rioting and or behaviors likely to break discipline in the school, I hold myself liable for the payment of :

- All damages caused to life and property in the school
- Accept and support the school Authorities in the maintenance of discipline at all times involving my ward
- In the event of my desire to withdraw my son/daughter/ward before the end of his/her SHS course, I shall give a full terms notice of such withdrawal to the headmaster in writing.
- I shall be held responsible for the payment of all fees and the provision of all basic needs of my ward.

Signature:.....

Date:.....

Phone Number:.....

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DATE:.....

HEALTH STATUS OF STUDENT

Name:

Gender: ☐ Male ☐ Female

Date Of Birth:

Do you have any specific ailment?

I. YES ☐

II. NO ☐

If yes what is the problem:.....

.....

.....

Produce medical report about your problem.

Is there any food stuff that causes discomfort to your health?

☐ YES

☐ NO

If yes, list the food stuff to be submitted to the Nurse / Matron.

.....

.....

.....

Checked and Signed by:

.....
NAME OF HEADMASTER

DATE:

.....
NAME OF MATRON

DATE: