MYNEGY SCHOOL

Ph

P. O. Box AO 713, Abossey Okai, Accra, Ghana, West Africa Phone: +233(0)302 311331, +233(0)244 684398

REGISTRATION FORM

Passport Picture

Please complete each section in <u>BLOCK LETTERS</u> using Black Ink

				•	
SECTION 1: CHILD	'S PERSONAL	DETAILS			
Name (Full)					
	Surname	Surname First Name(s)			
Date of Birth		Nationality	/ :		
Home Town		Religion/D	enomination		
Language Spoken		Gender		Male Female	
SECTION 2: OTHE	R INFORMATION	ON			
a. Does the Ch	nild suffer from	any peculiar disease? Y	ES NO		
b. Type of Dise	ease if Yes	6			
c. State Inocul	lation(s)/Vaccin	ation(s) given and date	(s)		
d. Does the ch	ild has any spec	cial need and requires sp	pecial attention?	YES NO	
e. If yes, state					
f. Pupil lives w	ith BOTH PAR	ENTS / FATHER / MOTI	HER / GUARDIA	N / ALONE	
		n the home/house			
SECTION 3: PAREN	NTS / GUARDIA	N DETAILS			
Father's Name	7				
Profession					
Organization					
Religion/Denomination	on				
Residential Address	5				
Postal Address					
Telephone Number	r				
Mother's Name					
Profession					
Organization					
Religion/Denomination	on				
Residential Address					
different from above)	,				
-					

Postal Address (if					
different from above)					
Telephone Number					
Guardian's Name					
Profession					
Organization					
Religion/Denomination					
Residential Address					
Postal Address					
Telephone Number				4	4
SECTION 4: OTHER CON	ITACT(Who to	contact in case of Ei	nergency)		
Name		-			7
Residential Address (if					
different from above)					
Postal Address (if					
different from above)				,	
Telephone Number					
I hereby confirm that, to correct. I have understoo tuition fee payment. I als of each child's life, healt	o the best of m od and agree to so acknowledge	abide by all school in that while the school	ules includ ol does its	ling school best to en	l discipline a sure the saf
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