

MYNEGY SCHOOL

P. O. Box AO 713, AbosseOkai,
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Passport
Picture

REGISTRATION FORM

Please complete each section in **BLOCK LETTERS** using Black Ink

SECTION 1: CHILD'S PERSONAL DETAILS

Name (Full)	_____		
	Surname	First Name(s)	
Date of Birth		Nationality:	
Home Town		Religion/Denomination	
Language Spoken		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 2: OTHER INFORMATION

a. Does the Child suffer from any peculiar disease? YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Type of Disease if Yes
c. State Inoculation(s)/Vaccination(s) given and date(s)
d. Does the child has any special need and requires special attention? YES <input type="checkbox"/> NO <input type="checkbox"/>
e. If yes, state the special need.
f. Pupil lives with BOTH PARENTS / FATHER / MOTHER / GUARDIAN / ALONE
g. Number of children living in the home/house _____

SECTION 3: PARENTS / GUARDIAN DETAILS

Father's Name	_____
Profession	_____
Organization	_____
Religion/Denomination	_____
Residential Address	_____
Postal Address	_____
Telephone Number	_____
Mother's Name	_____
Profession	_____
Organization	_____
Religion/Denomination	_____
Residential Address (if different from above)	_____

