GOVERNMENT APPROVED REG. NO. PA/135/95

PAEL PREPARATORY & JUNIOR HIGH SCHOOL
POST OFFICE BOX 428
DORMAA AHENKRO
B/AHAFO REGION

ADMISSION FORM

1. NAME OF PUPIL: …….
2. CLASS SEEKING ADMISSION: ……..
3. SEX: ……
4. AGE: …… DATE OF BIRTH: …….
5. LAST SCHOOL ATTENDED: ……..
6. HOME TOWN: ……..
7. DENOMINATION: ……..
    a) FATHER'S NAME: …….....
    b) MOTHER'S NAME: …….....
8. OCCUPATION: ……..
9. ADDRESS & H/NO. OF GUARDIAN: …….....
10. SIGNATURE OF GUARDIAN: ……
11. HOUSE NO: …… DATE: ……
12. STATE IF THE PUPIL/ STUDENT HAS ANY MEDICAL PROBLEM: …….……..
    ……..
    ……
    a) ANY DISABILITY

LIABILITY OF GUARDIAN

I agree that the fees paid are in any way not refundable, and would strictly abide by the rules and regulations of the school. I also agree to join the school's PTA. I finally agree to pay full term's fees if happen to redraw my child without giving one Full Term notice.

FOR OFFICIAL USE ONLY

DATE OF REGISTRATION: ……

FEES PAID: GH¢……

RECEIPT NO: …….

DATE: …….

(HEAD MASTER)