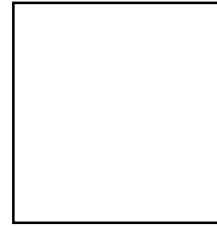




DANKAMF EDUCATIONAL COMPLEX *Admission No:* .....  
P.O.BOX AF 2805, ADENTA-OYIBI, ACCRA  
TEL: 0244072966/0200718747  
EMAIL:dankamf@gmail.com

**ADMISSION FORM**



**CHILD'S PERSONAL DETAILS**

Surname: ..... Other Name: .....  
Gender: M  F  Age: ..... Date of Birth: .....(Day) ..... (Month) ..... (Year)  
Nationality: ..... Place of Birth: .....  
Religion: ..... First Language: .....

**GUARDIANS / PARENTS**

Father's Name: ..... Tel: .....  
Place of Work: ..... Occupation: ..... Email: .....  
Mather's Name: ..... Tel: .....  
Place of Work: ..... Occupation: ..... Email: .....

**EMERGENCY CONTACT**

Name: ..... Tel: .....  
Permanent Address: .....

**ACADEMIC DETAILS:**

Class Admitted to:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| PRE – SCHOOL <input type="checkbox"/> | CLASS 5 <input type="checkbox"/> |
| CLASS 1 <input type="checkbox"/>      | CLASS 6 <input type="checkbox"/> |
| CLASS 2 <input type="checkbox"/>      | JHS 1 <input type="checkbox"/>   |
| CLASS 3 <input type="checkbox"/>      | JHS 2 <input type="checkbox"/>   |
| CLASS 4 <input type="checkbox"/>      | JHS 3 <input type="checkbox"/>   |

Date of Admission:

Name and classes of any brother(s)/sister(s) already attending the school: .....  
.....  
.....

**MEDICAL INFORMATION**

Do you have any dietary problem?  No  Yes

If yes, please explain: .....  
.....

Do you have allergies or any other medical information?  No  Yes

If yes, please explain: .....  
.....  
.....

Name of Hospital: .....

**APPLICANTS PERSONALITY TRAITS**

Energetic  Quiet  Sociable  Reserved

**DECLARATION**

I declare that all the information given above is true to the best of my knowledge.

*PARENT NAME*

*DATE*

*EMERGENCY NO.*

.....