## ELITEK INTERNATIONAL SCHOOL



P.O.Box AJ 157 Alajo – Accra, Ghana Tel: +233 (0) 302 948 307 / + 233 (0) 244 437 610 / + 233 300 554 Location: Jidah Junction, Obeyeyie – Amasaman

www.elitekschool.com
BOARDING FACILITY AVAILABLE

**PICTURE HERE** 

FORM No.

## **ADDMISSION FORM**

	(Last / Family Name)	(First Name	e)	(Other Names)
Sex:	Date of Birth:		Age:	
Place of Birth:		Hometown:		
Nationality: —				
Religious Denomin	ation:			
Previous School Att	ended:			
Any Allergy:				
SECTION B				
Occupation: ——				
Nationality: ———		Contact Number (	s): —	
Residential Address	S <b>:</b>			
. Name of Mother:				
Occupation:				
Nationality:		Contact Number (	s):	
Residential Address	S			
rudent lives with:				
Occupation:				
Nationality:		Contact Number (	s):	
	S:			

please describe below.		, and the second
Special educational needs as identified by	a relevant e	educational professional?
Any type of allergies?	Yes	No
Description of special needs:	Yes	No
Description of special needs:		
Has your child been vaccinated against an	ny of the foll	owing ?
Measles Yes No Hepatitis Y	es No	Whopping Cough Yes No
German Measles Yes No Chicken po	x Yes No	Small pox Yes No
Please briefly explain the reason you choo	se this scho	ol?
Parents/ Guardians Details		
Name of relatives or friend as permitted to	o pick up ch	ild / ward in care of emergency
Name:	phone No	. ———
Name:	phone No	•
Parent/ guardian declarations (continued	)	
I am in agreement with the schools' polici that I am willing.	es and will a	abide by them. I also guarantee
Full Name		
Address:		
Signature:	Date:	

Does your child have any of the following? If the answer is "yes" to any of the questions,

NB: Payment of fees is not refundable.

Special needs information:

## **FOR OFFICE USE**

Admission Number:
Date of Admission:
Class Admitted to:
Signature of Headmaster / Headmistress:
Date: