

EVANGELICAL CHRISTIAN ACADEMY

TEFLE MOTORWAY, VOLTA REGION

(Providing QUALITY & AFFORDABLE Christ-centered Care & Education)

P.O. BOX SK 78 SOGAKOPE, VOLTA REGION

ATTACH
PICTURE
HERE

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ENROLLMENT FORM

A. **PERSONAL DATA**

1. _____
SURNAME _____ OTHER NAME _____
2. DATE OF BIRTH _____ AGE _____
(ATTACH PHOTOCOPY OF BIRTH CERTIFICATE/WEIGHING CARD)
3. SEX: MALE _____ FEMALE _____
4. RELIGIOUS DENOMINATION _____
5. LANGUAGE USE AT HOME _____
6. ANY COMMON ILL - HEALTH? YES _____ NO _____
A. _____
B. _____
C. _____
7. ALLEGIC TO ANY DRUG? YES _____ NO _____

8. PREVIOUS SCHOOL ATTENDED (IF ANY)
A. _____
B. _____
C. _____

P. T. O.

B. FAMILY DATA

9. FATHER/GUARDIAN NAME _____
10. COUNTRY _____ REGION _____ DISTRICT _____ TOWN _____
11. OCCUPATION _____ TEL NO. _____
12. OFFICE ADDRESS _____
13. RESIDENTIAL ADDRESS _____
14. MOTHER/GUARDIAN NAME _____
15. COUNTRY _____ REGION _____ DISTRICT _____ TOWN _____
16. OCCUPATION _____ TEL NO. _____
17. OFFICE ADDRESS _____
18. RESIDENTIAL ADDRESS _____

C. UNDERTAKING

I MR / MRS / MISS _____ UNDERTAKE TO PAY ALL FEES IN RESPECT OF MISS / MASTER _____ AND ABIDE BY RULES & REGULATIONS THROUGHOUT HIS / HER STAY IN THE SCHOOL.

SIGNATURE OF PARENT / GUARDIAN

DATE

OFFICE USE

MASTER / MISS _____ HAS APPLIED TO BE ENROLLED INTO _____ ADMITTED INTO _____

ADMISSION NUMBER _____ DATE ADMITTED _____

REGISTRAR (NAME) _____ SIGN: _____

DATE: _____

SCHOOL STAMP