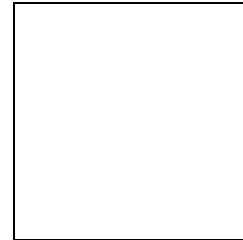




**DANKAMF EDUCATIONAL COMPLEX**      *Admission No: .....*  
**P.O.BOX AF 2805, ADENTA-OYIBI, ACCRA**  
**TEL: 0244072966/0200718747**  
**EMAIL:dankamf@gmail.com**



**ADMISSION FORM**

**CHILD'S PERSONAL DETAILS**

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

**GUARDIANS/PARENTS**

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

*PARENTS NAME*

*DATE*

*EMERGENCY NO.*

.....