



FAITH MONTESSORI SCHOOL

P. O. BOX 15063, ACCRA-NORTH.

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ENQUIRY FOR ADMISSION

1. NAME OF CHILD: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ NATIONALITY: _____

LAST SCHOOL ATTENDED: _____ CLASS: _____

CLASS TO WHICH ADMISSION IS SOUGHT: _____

HOW DID YOU HEAR OF THE SCHOOL? _____

(If through friends, please state their names.)

NAME OF FATHER: _____

OCCUPATION: _____

PLACE OF WORK: _____

NAME OF MOTHER: _____

OCCUPATION: _____

PLACE OF WORK: _____

TELEPHONE (OFFICE): _____ (RESIDENCE): _____

MOBILE NO.(S): _____

E-MAIL ADDRESS: _____

IF MORE THAN ONE CHILD

2. NAME OF CHILD: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ NATIONALITY: _____

LAST SCHOOL ATTENDED: _____ CLASS: _____

CLASS TO WHICH ADMISSION IS SOUGHT: _____

3. NAME OF CHILD: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ NATIONALITY: _____

LAST SCHOOL ATTENDED: _____ CLASS: _____

CLASS TO WHICH ADMISSION IS SOUGHT: _____

DATE OF APPLICATION: _____ SIGNATURE OF PARENT/GUARDIAN: _____

(Please attach your child's last School report to this form.)

(For office use only)

PARENTS' DETAILS

FATHER:	MOTHER:
NAME:	NAME:
AGE:	AGE:
RESIDENTIAL ADDRESS:	IF DIFFERENT:
POSTAL ADDRESS:	IF DIFFERENT:

EDUCATIONAL BACKGROUND

NAME OF INSTITUTIONS & DATES:	NAME OF INSTITUTIONS & DATES:
FORMS 1 - 5 / J.H.S.:	FORMS 1 - 5 / J.H.S.:
SIXTH FORM / S.H.S. / I.B.:	SIXTH FORM / S.H.S. / I.B.:
UNIVERSITY / TERTIARY INSTITUTION:	UNIVERSITY / TERTIARY INSTITUTION:
PROFESSION:	PROFESSION:
OCCUPATION:	OCCUPATION:
SIGNATURE:	SIGNATURE:
DATE:	DATE: