



MINDFIELD SCHOOL OF EXCELLENCE

POST OFFICE BOX 239, DORMAA AHENKRO B/A
NEAR HOTEL DE-JOHNSON DORMAA AHENKRO

TEL: 020-711 9119 /
054-897 4000

ADMISSION FORM

APPLICANT
PASSPORT PICTURE

GUARDIAN
PASSPORT PICTURE

APPLICATION NO.

ADMISSION TO CLASS.....

.....

PERSONAL DETAILS

SURNAME *

FIRST/CHRISTIAN NAME *

.....

OTHER NAME *

.....

DATE OF BIRTH

DAY MONTH YEAR AGE

GENDER

..... MALE FEMALE

CITIZENSHIP DETAILS

PLEASE NOTE THAT THIS FORM IS FOR GHANAIAN APPLICANTS ONLY:
ARE YOU A GHANAIAN?

YES NO

HOME TOWN

REGION OF HOMETOWN

.....

NATIONALITY

RELIGION

.....

LAST SCHOOL ATTENDED

.....

PARENT/GUARDIAN INFORMATION

FATHER'S NAME

TEL

.....

MOTHER'S NAME

TEL

.....

OCCUPATION OF FATHER

OCCUPATION OF MOTHER

SIGNATURE OF PARENT/GUARDIAN

.....

ADDRESS OF PARENTS/GUARDIAN

.....

MEDICAL PROBLEM

IF YES, STATE IN DETAILS OR SPECIFY

YES NO

APPLICANT SPEAKS AND WRITE

ENGLISH (TICK ONE)

WELL

NOT SO WELL

NOT AT ALL

HAS YOUR CHILD EVER BEEN ENROLLED BEFORE?

YES NO

FROM

TO

.....

EMERGENCY CALL IN PARENTS ABSENCE

NAME

TEL

RELATIONSHIP

.....

LIABILITY / UNDERTAKING BY PARENT/GUARDIAN

Iagree that the fees paid are not refundable, and would strictly abide by the school rules and regulations. I also agree to join the school's PTA and settle in full all the necessary financial obligations for my ward in the school for each term before or within the first week of re-opening unless otherwise mutual agreed payment plan with the school financial Department.

FOR OFFICE USE ONLY

Date of Admission.....	
Admission Number.....	
Amount Paid GH¢.....	
Headmaster.....	
Signature.....	Tel.....