



CASBE INT'L SCHOOL

Casbe international school, P. O. Box 1915, Sunyani
Opposite Catholic Secretariat
Kumasi-Sunyani Main Road / Tel: +233-020-84 01 250
E-mail:.....



ADMISSION FORMS

Child's Name (Full):..... Sex:.....

Date of Birth (M/D/Y):..... Father's/Guardian's Name:.....

Father's/Guardian's Employer:..... Occupation:.....

Employer's Address:..... Phone No.:.....

Mother's/Guardian's Name:..... Occupation:.....

Mother's/Guardian's Employer:..... Employer's Address:.....

Phone No.:..... Postal Address (for mail purposes):.....

Residential Address:.....

Parents' Contact Address(es):.....

10. Are parents living (tick one): Together () Separated () Divorced () Widowed () Single Parent ()
11. (Please inform the school whenever there are any changes in the above information.)
12. Language in which child has been educated:.....
13. If English is not the language in which the child has been educated, has he/she already studied in this language?.....
14. For how many years?..... What is the language spoken at home?.....
15. What other language(s) has your child studied?..... For how long?.....
16. Has your child ever been requested to withdraw from any school?.....
17. If yes, reason:.....
18. Who will pay school fees? Father: () Mother: () Guardian: () Employer: ()
19. [Tick one and state nationality] Nationality:.....
20. If fees will be paid by the Employer, what percentage will be contributed by them?%
21. Date admission required:..... Previous Schooling:.....
22. Applicant has completed:..... years of Nursery/Kindergarten.....

HEALTH RECORD

- a. Does your child have normal good health?.....
- b. If not, please specify:.....
- c. Is eyesight normal?..... If not, please specify:.....
- d. Is hearing normal?..... If not, please specify:.....

PARENT/GUARDIAN SIGNATURE:..... DATED:.....

For Official Use Only

Date of Reg:..... Reg. No.:.....

Date of Admission:..... Admission No.:.....