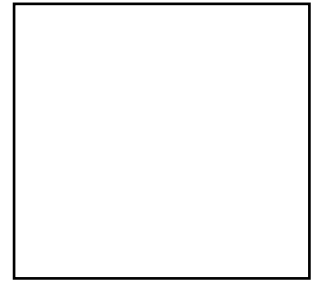




Affix Passport here



P. O. BOX 40, KUNTANASE –KUMASI.

TEL: 0243686024/0245319301

CENTRE-AHODWO DABAN

2018

Students Admission form

Reg. No.....

Surname.....Date...../...../2018

Middle Name.....

First Name..... Programme of Study.....

Mobile No.:Whatsapp No.:

Sex..... (Male/Female)

Nationality.....

Residence.....

Hometown.....

Region of Hometown.....

Religion.....

Date of Birth...../...../.....

(Day) (Month) (Year)

Guardian's Name..... Guardian's No.:

Relation to Guardian.....

Marital status..... (Single/Married)

Do you work? (Yes/No)

If yes, where do you work?

Last SHS attended.....

Year of Completion.....

No. of Subjects to register.....

List subjects to register (1.).....

(2).....

(3).....

(4).....

(5).....

(6).....

(7).....

(8).....

Amount Paid in figures.....GH¢

Amount Paid in words.....Ghana Cedis only.

*ARREARS.....GH¢

*Arrears will be paid by (DATE)..... (E.g. 22nd May, ending of March, 1st June etc.)

.....
Student's Signature Registrar's signature

(Office use)

REMEDIAL

X

dhaniel dhansoe
Manager

REMEDIAL