

## **DECLARATION BY STUDENT**

I hereby declare in the presence of my Parent/Guardian that I shall respect the School Authorities and abide by the School Rules and Regulations as printed in the prospectus and that my breach of the Regulations renders me liable to dismissal and that nobody whatsoever should come to plead on my behalf.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Name of Student: \_\_\_\_\_

## **DECLARATION BY PARENT/GUARDIAN**

- 1) I hereby make application for the admission of the above-named student into Okuapemman School and I agree to pay all fees and charges for books etc, for the said student and either give a full term's notice to the headmaster before withdrawing the student from school or pay a term's fees in lieu thereof
- 2) I further state that I have read the prospectus and agree to all conditions contained therein and I will abide by any and all rules and conditions lay down by the Headmaster during the time that the student is in the books of the School.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

# OKUAPEMMAN SCHOOL

**OFFICIAL USE ONLY**



**STUDENT'S ID** \_\_\_\_\_

**HOUSE** \_\_\_\_\_

**CLASS** \_\_\_\_\_

## STUDENT'S DETAIL

FIRST NAME	OTHER NAMES		SURNAME	MOTHER TONGUE
RELIGION	DENOMINATION	DATE OF BIRTH	PLACE OF BIRTH	REGION OF BIRTH
COUNTRY OF BIRTH	NUMBER OF LANGUAGES SPOKEN	NAME THE LANGUAGES		HOME TOWN
NAME OF PREVIOUS SCHOOL ATTENDED		ADDRESS OF THE SCHOOL		FROM TO

## FATHER'S DETAIL

TITLE	FIRST NAME	OTHER NAMES	SURNAME	OCCUPATION
POSTAL ADDRESS		PHONE NUMBER (S)		RESIDENTIAL ADDRESS
NATIONALITY		RELIGION		SIGNATURE & DATE

<b>MOTHER'S DETAIL</b>				
<b>TITLE</b>	<b>FIRST NAME</b>	<b>OTHER NAMES</b>	<b>SURNAME</b>	<b>OCCUPATION</b>
<b>POSTAL ADDRESS</b>		<b>PHONE NUMBER (S)</b>		<b>RESIDENTIAL ADDRESS</b>
<b>NATIONALITY</b>		<b>RELIGION</b>		<b>SIGNATURE &amp; DATE</b>

<b>FEE PAYER'S DETAIL IF DIFERRENT FROM FATHER OR MOTHER</b>				
<b>TITLE</b>	<b>FIRST NAME</b>	<b>OTHER NAMES</b>	<b>SURNAME</b>	<b>OCCUPATION</b>
<b>POSTAL ADDRESS</b>		<b>PHONE NUMBER (S)</b>		<b>RESIDENTIAL ADDRESS</b>
<b>NATIONALITY</b>		<b>RELIGION</b>		<b>SIGNATURE &amp; DATE</b>

<b>DETAIL OF THE RECEIPIENT OF YOUR TERMINAL REPORT</b>			
<b>TITLE</b>	<b>NAME</b>	<b>PHONE NUMBER</b>	<b>ADDRESS</b>

<b>EMERGENCY CONTACT IN AKROPONG (IF ANY)</b>			
<b>TITLE</b>	<b>NAME</b>	<b>PHONE NUMBER</b>	<b>ADDRESS</b>