SEKYEDUMASE SENIOR HIGH TECHNICAL SCHOOL

EJURA SEKYEDUAMSE

ACCEPTANCE FORMS

This form should be complete and submitted to the headmaster, if you fail to comply with this directive your place will be given another person

(1) I……. do hereby accept admission to Sekyedumase Senior High Technical School to pursue ……. Programme on the following conditions;

i. I understand that the school is a better positioned school with best practices which I expect to join

ii. That I will obey all school rules and regulations

iii. That if I commit any breach of the school rules, I render myself to be disciplined

iv. That I understand that, the school has a place for moral training, development of talents, skills awareness and one's responsibility to the community.

v. That I understand that, I can be repeated, withdrawn or suspended if my performance is below standard or if I flaunt any of the school rules

vi. That I understand that, the school has the right to place me in any programme that suit my ability

vii. That I will obey all to whom obedience is required

viii. That I understand that, a breach of common sense is a breach of school rules

Signature of student…….. Date: ……

(2) I declare that I have read and understood the above, that I accept the terms as proper conditions for admission of my ward to Sekyedumase Senior High School and that, I will cooperate with the school authorities in their quest to give my ward a holistic education.

i. I further promised to provide my ward with all items that he/she requires to pursue his/her programme

ii. Should my ward destroy or lose any School's property, I promise to pay the full cost of the item(s)

Name of Parent / Guardian ……

Signature / Thumbprint of parent: …… Date: …….

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EJURA SEKYEDUMASE

MEDICAL FORMS

Passport Picture in School Uniform

NOTE: This information **will not in any way affect** the admission of your ward into the school or boarding house but to provide authorities with information to act in times of emergency.

1. Name (surname first): ……
2. Date of Birth (day)……(Month)…… (Year)…….
3. Postal Address: ……

   ……..
4. House Number (Digital Address): ……
5. Hometown: …… District: …….. Region: ……
6. NHIS Number: …… Renewal Date: …….
7. Religion: …… Denomination: …….
8. Name of Father: …… Tel No.: ……/……..
9. Name of Mother: ……Tel No.: ……/……..
10. Name of Guardian: ……Tel No.: ……/……..
11. Is your ward suffering from any disease of which special attention is needed? [ ] Yes [ ] No
12. If yes, which of these: [ ] Asthma [ ] Ulcer [ ] Sickle Cell [ ] Eye Defect [ ] Ear Defect

    [ ] Epilepsy [ ] others (specify): …….
13. Is your ward exempted from any Drug? [ ] Yes [ ] No If yes specify:

    ……..
14. Is your ward on any prescribed drugs? [ ] Yes [ ] No
15. Is there any special facility that attends to your ward? [ ] Yes [ ] No If yes specify:

    ……..
16. Name of person to contact in case of Emergency: …….
17. Number to Call in case of emergency: …… / …… / ……

I, the undersign provided the correct information about my ward and also granted permission to the school authority to act in the most appropriate way in times of emergency for the sake of saving the life of my ward.

Name of Parent /Guardian: …….

Signature: …… Date: ……