Ghana Education Service
ST. SEBASTIAN CATHOLIC SENIOR HIGH SCHOOL
Adumasa - Ashanti, Juaben Municipality

Head of School: Stephen Gyan
Tel.: 024 214 0280

Bankers:
GCB Bank Plc, Ejisu
Juaben Rural Bank
DIGITAL ADDRESS: AE-1931-2937

Our Ref: **GES/JM/ASH/*SSCSHS/AD/25-26/*……** Your Ref: Date: ……

ADMISSION FORM

YEAR: ……..

STUDENT
PASSPORT PICTURE

SECTION A: PERSONAL RECORDS

FULL NAME (*as appears on results slip*): ……

DATE OF BIRTH: …… GENDER (*Tick*): MALE: ☐ FEMALE: ☐

HOME TOWN: ……REGION: ……DISTRICT: ……

PLACE OF RESIDENCE: ……REGION: ……..

DISABILITY: YES ☐ NO ☐ IF YES, SPECIFY: ……..

LAST JHS ATTENDED: ……

RELIGIOUS DENOMINATION: ……

SECTION B: PARENT/GUARDIAN INFORMATION

FULL NAME: ……..

OCCUPATION: ……RELATIONSHIP TO STUDENT: ……

GPS ADDRESS: ……TEL. NUMBER(S): ……

POSTAL ADDRESS: ……

FOR OFFICIAL USE ONLY

SECTION C: ASSISTANT HEAD ADMINISTRATION

ADMISSION NUMBER: ……

DATE OF ADMISSION: ……

RESIDENTIAL STATUS: BOARDING: ☐ DAY: ☐

SIGNATURE: ……

SECTION D: ASSISTANT HEAD ACADEMIC

PROGRAM OFFERED: ……

CLASS ADMITTED TO: ……

SIGNATURE: ……

DATE: ……

SECTION E: ASSISTANT HEAD DOMESTIC

HOUSE ADMITTED TO: ……..

SIGNATURE: …… DATE: ……

SECTION F: IT COORDINATOR

FREE SHS NUMBER: ……

SIGNATURE: …… DATE: ……

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STUDENT
PASSPORT PICTURE

UNDERTAKING BY STUDENT

I ……., haven been admitted into **St. Sebastian Catholic Senior High School**, do hereby promise to abide by all the rules and regulations of the school throughout my stay in the school. I also promise to use the channel of communication as a way of addressing students' grievances, failure to which I accept to face the consequences.

SIGNATURE …… DATE: ……..

UNDERTAKING BY PARENT/GUARDIAN

I …….. pledge to support my ward by providing him/her with the basic needs so as to enable him/her report and remain in school throughout his/her course of study.

I pledge to partner the school's authorities and educational managers to train and discipline my ward in accordance with approved GES code of conduct for students.

High moral and academic standards are of importance to me. I shall, therefore, take steps to ensure that my ward aspire to achieve same.

I shall ensure that the conduct of my ward would not bring the name of the school into disrepute. Should he/she go contrary, I give my approval for his/her withdrawal from the school.

SIGNATURE …… DATE: ……..

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MEDICAL RECORDS FORM

STUDENT PASSPORT PICTURE

1. NAME: ……
(as appears on results slip)
2. PROGRAM: …….. STATUS: ……
3. NHIS NUMBER: ……
4. RENEWAL DATE OF NHIS: ..……..……
5. PLACE OF RESIDENCE: ……..……..
6. NAME OF PARENT/GUARDIAN: …….
7. TELEPHONE NUMBER: …….……..…../…….

A. Is your ward suffering from any disease? Yes [ ] No [ ]
B. If yes, which of the following diseases is your ward suffering from? Asthma [ ] Sickle Cell [ ] Eye Defect [ ] Ear Defect [ ] Rheumatism [ ] Ulcer [ ] any Other [ ]
C. If any other option is chosen (specify) ……
[Kindly attach the report]
D. Is your ward exempted from any drug(s) Yes [ ] No [ ]
E. If Yes (specify) ……
[Kindly attach the report]
F. Is your ward on any prescribed drug(s): Yes [ ] No [ ]
[Kindly attach the report]

8. NAME OF ANY OTHER RELATIVE (IF ANY) …….
9. CONTACT OF RELATIVE (TEL. NUMBER) ……..……..……/…..……..……

STUDENT	**PARENT /GUARDIAN**
SIGNATURE: ……..	SIGNATURE: ……..
DATE: ……..……..	DATE: ……..……..