

REGISTRATION FORM PLEASE COMPLETE IN BOLD CAPITALS

APPLICANT INFORMATION

Name of Applicant

Date of Birth / / Gender M F Nationality

Address

Telephone Number Email

Name & Address of Last School Attended

..... Year Completed

Health Information: *Kindly tell us if you have any health condition that we need to know of*

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PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian

Address

Telephone Number Email:

PROGRAMME OPTIONS *(Please tick as appropriate)*

Boarding Programme Day Programme

Choice of Programme:

Fashion (Dressmaking, Tailoring, Millinery, Interior Decoration & Floral)

Beauty Therapy (Hair-Dressing, Pedicure, Manicure, Facial)

Hospitality (Catering, Hotel/Guest-house Management, Front-desk)

Additional Skills - Beads Designing, Textile Printing, Soap, Detergent

PARENTAL / GUARDIAN CONSENT

I have read and taken note of the information in the Prospectus

.....
Date Signature

FOR OFFICE USE ONLY *(Please do not complete this section)*

Date of Registration Registration Number

Fees Paid GHc Receipt Number(s)

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Date Approved by Principal