

## DECLARATION BY STUDENT

I hereby declare in the presence of my Parent/Guardian that I shall respect the College Authorities and abide by the College Regulations as printed in the prospectus and that any breach of the regulations render 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 Adisadel College 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 college or pay a full terms 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 laid down by the Headmaster during the time that the student is in the books of the College.

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

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

# ADISADEL COLLEGE

OFFICIAL USE ONLY



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

HOUSE \_\_\_\_\_

CLASS \_\_\_\_\_

### STUDENT'S DETAILS

FIRST NAME	OTHER NAMES		SURNAME	MOTHER TONGUE
RELIGION	DENOMINATION	DATE OF BIRTH	PLACE OF BIRTH	REGION OF BIRTH
COUNTRY OF BIRTH	HOW MANY LANGUAGES DO YOU SPEAK?		NAME THE LANGUAGES	HOME TOWN
NAME OF PREVIOUS SCHOOL ATTENDED		ADDRESS OF PREVIOUS SCHOOL		FROM TO

### FATHER'S DETAILS

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

### MOTHER'S DETAILS

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

FEE PAYER'S DETAILS IF DIFFERENT FROM FATHER OR MOTHER'S DETAILS				
TITLE	FIRST NAME	OTHER NAMES	SURNAME	OCCUPATION
POSTAL ADDRESS		PHONE NUMBER(S)		RESIDENTIAL ADDRESS
NATIONALITY		RELIGION	SIGNATURE & DATE	

DETAILS OF THE RECIPIENT OF YOUR TERMINAL REPORT			
TITLE	NAME	PHONE NUMBER	ADDRESS

EMERGENCY CONTACT IN CAPE COAST IF ANY?			
TITLE	NAME	PHONE NUMBER	ADDRESS