

TRISCOE

TRINITY MIEVE SCHOOL OF EXCELLENCE

Motto: Fear God, Study well to serve humanity

E-mail: triscoe.edu.gh@gmail.com

Tel: 0208734983/0279662578/0559910114

Location : JEI RIVER - KOFI ESTATE, KASOA

ADMISSION FORM

Affix
recent passport-size
colour photograph

Class in which admission is sought for:..... Department.....

1. (a) Full name of the Child (in capital letters):

(b) NHIS Card No. :Blood Group..... Allergies/Medical Conditions.....

(c) Gender: Male Female

2. Date of Birth : Day Month Year

In words

Age of the student as at the time of admission

3. Hobbies/Special interests/Talents

4. (a) Languages studied in previous school.....

(b) Favorite subjects of student.....

(c) Academic strengths of student.....

(d) Academic weaknesses of student.....

5. Details of parents:

Details of Mother/Father	Mother	Father
i) Name (in capital letters)		
ii) Nationality		
iii) Occupation		
iv) Name of the office & full address with Telephone No.		
iv) Full residential address with telephone no.		
v) Permanent Address		
vi) Religion		

6. Name & Address of local guardian (if any):.....

.....

7. Name & Address of the previous School with Class:

.....

8. (a) Result of entrance examination [TOTAL MARK]..... (b) Percentage.....
 Subjects and Marks Obtained: 1..... 2..... 3.....
 4..... 5..... 6..... 7.....

9. Whether the transfer certificate or cumulative record book is attached: YES/NO:

10. Mother tongue:..... Home town.....

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief, if any information or document supplied by me found to be incorrect, I will be responsible for the same.
 I shall abide by the rules of the Trinity Mieve School of Excellence (TRISCOE)

Date:.....

 Signature of parent/Guardian

FOR THE OFFICE USE ONLY

1. I certify that I have checked the application form and the relevant papers are found in order.
 Administrator: _____
2. Please admit to Class Department..... after checking the relevant papers and realize the dues.

Date:.....

 PRINCIPAL

Admitted to Class..... Department..... Fee Receipt No.....

Dated issued.

Details of amount received:	Admission Fee	-
	Tuition Fee	-
	Any other Fee	-

Total	-
-------	---	-------

Name has been entered in the Class Attendance Register (✓) Yes No

Date:.....

 Administrator

Admission considered by the school is in accordance with the provisions of the Board & approved.

Date:.....

 Sign. of Principal/Official Seal