



GOODNESS AND MERCY ACADEMY

RELIANCE ON JEHOVAH

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AIM: TO GIVE THE BEST MORAL AND ACADEMIC EDUCATION

ADMISSION FORM

SURNAME:

FIRST NAME:

AGE: GENDER: FEMALE MALE

DATE OF BIRTH:

NAME OF FATHER:

NAME OF MOTHER:

FORMER SCHOOL AND CLASS:

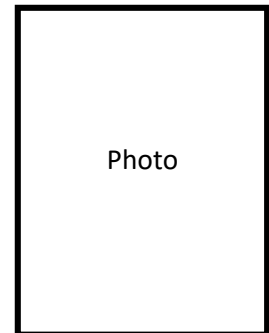
HEALTH HISTORY:

NHIS NUMBER(IF ANY):

FLUENT LANGUAGES:

RELIGION: HOBBY:

EMERGENCY CONTACTS:



ADMINISTRATIVE USE

DATE OF ADMISSION: ADMITTED TO:

AMOUNT PAID IN GHC: PROCESSED BY:

SIGNATURE: