**CHARLES WESLEY ACADEMY**

**P. O. Box 1280, Koforidua**

**Location: Oyoko-Jumapo old Road**

**ADMISSION FORM**

**PERSONAL DETAILS**

Surname ……………………………………………………………Given Names……………………………………………………

Date of Birth……………………………Place of Birth……………………………Sex…………….Class………………………

Languages spoken: English……Twi………Ewe…………Hausa………….Ga…………Others…………………………

Residential Address………………………………………………………………………………………………………………………………

Postal Address……………………………………………………………………………………………………………………………….

Last School Attended (Attach report cards)…………………………………………………………………………………..

**FAMILY DETAILS**

**Father’s Name**………………………………………………………………………………………………………………………………..

Occupation……………………………………………………………………………………………………………………………………

Residential Address………………………………………………………………………………………………………………………

Postal Address………………………………………………………………………………………………………………………………

Highest Educational Level…………………………………………………Tel:…………………………………………………………..

**Mother’s Name**………………………………………………………………………………………………………………………………..

Occupation……………………………………………………………………………………………………………………………………

Residential Address………………………………………………………………………………………………………………………

Postal Address………………………………………………………………………………………………………………………………

Highest Educational Level………………………………………………Tel: ……………………………………………………………..

**Guardian’s Name**………………………………………………………………………………………………………………………………..

Occupation……………………………………………………………………………………………………………………………………

Residential Address………………………………………………………………………………………………………………………

Postal Address………………………………………………………………………………………………………………………………

Highest Educational Level………………………………………………Tel: ……………………………………………………………..

**Emergency Contacts**:………………………………………………………………………………………………………………………………..

Occupation……………………………………………………………………………………………………………………………………

Residential Address………………………………………………………………………………………………………………………

Postal Address………………………………………………………………………………………………………………………………

Highest Educational Level………………………………………………Tel: ……………………………………………………………..

Languages spoken: English……Twi………Ewe…………Hausa………….Ga…………Others…………………………

HEALTH RECORDS

Food Allergies………………………………………………………………………………………………………………………

Environmental Allergies……………………………………………………………………………………………………….

Congenital Disease……………………………………………………………………………………………………………….

IMMUNIZATION RECORD

Tuberculosis……………………………………………………………Date………………………………………………………

Poliomyelitis…………………………………………………………..Date……………………………………………………….

Whooping Cough……………………………………………………Date………………………………………………………..

DTP Booster……………………………………………………………Date………………………………………………………..

Tetanus…………………………………………………………………..Date……………………………………………………….

Diphtheria……………………………………………………………….Date……………………………………………………….

Measles……………………………………………,.……………………Date……………………………………………………….