

KEN HAMMER SCHOOLS

Our Ref:
 Your Ref:
 Website: kenhammershts.edu.gh
 Email: info@kenhammershts.edu.gh



P.O BOX 149
 GOASO - B/A
 TELL: 020456600/0501584360/0243208631
 DATE:

UNLEASHING HUMAN POTENTIAL

ADMISSION FORM (SHS 1)

Application for entry into Ken Hammer SHTS
 To be submitted to the Head of Ken Hammer SHTS

Affix endorsed
 Passport Picture
 Here

INDEX NUMBER:

AGGREGATE:

SECTION A: PERSONAL DETAILS OF CANDIDATE (To be completed by candidate)

Name:		
Date of Birth (DD/MM/YY)	Place of Birth	Sex (M/F)
JHS Attended:		
Town:		
District:		
Region:		
Course:		
Permanent Address:		
Signature of Candidate		

SECTION B: PARTICULARS OF PARENTS/ GUARDIANS

Father's Name:
Occupation:
Mother's Name:
Occupation:
Name of Guardian:
Postal Address:
Residential Telephone:
Other Telephone:

Signature of Parent/ Guardian.....

Date:.....

SECTION C: TO BE COMPLETED BY STUDENT

Indicate your interest:

- a. Athletics [] Football [] Debating Club [] Others []
- b. School Awards:
- c. Position Held:
- d. I, do accept that my admission into this school opens a new chapter in my life. I therefore pledge to abide by all the rules and regulations of the school.

Candidate	Witness
Name:	Name:
Signature:.....	Signature:.....
Date:.....	Date:.....

.....
HEADMASTER