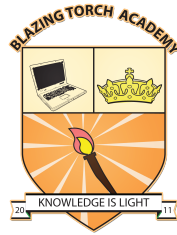


Date received at/...../.....
DD MM YYYY

PLEASE FILL APPLICATION IN BLOCK LETTERS

BLAZING TORCH ACADEMY

Comm. 25 Behind First Gas Station
P.O. Box TT 317, Tema.
Tel: 0207011441/0543143544
Email: blazingtorchacademy@gmail.com



Attach Photo

ADMISSION FORM

A. Student Information

Student's Name:
Family/Last Name First Name Middle

Birth Date:/...../..... Birth Place: Gender:
Day Month Year

Anticipating starting date: Applying for Class:

Nationality on passport or birth certificate:

Home language(s):

Sibling(s) applying to BTA (please list name and grade(s)):

Sibling(s) already enrolled at BTA (please list name and grade(s)):

B. Family Information

Parent (1) Name:

Profession: E-mail address :

Nationality: Mobile Phone:

Parent (2) Name:

Profession: E-mail address :

Nationality: Mobile Phone:

Residence Address:

Does the child live with both parents? if no, please specify

Please Turn Over

C. Educational History

Applicant has completed: _____ year of Nursery/Kindergarten

Name of School	Address	Date Attended		Last Class Reached
		From	To	

Has your child ever been requested to withdraw from any school? _____

If yes, Name of School: _____

Address _____ Phone Number _____

Reason for withdrawal: _____

D. Medical Information

Attach a photocopy of the Child's weighing Card and Birth Certificate when submitting the form.

Does the child have any allergies? _____ if yes, please state _____

Does the child forbid any food? _____ inf yes, please state _____

In case of emergency contact: _____

Name of applicant: _____ Signature: _____

Date: _____

For Official Use Only

Date of Reg: _____ Reg. No.: _____

Date of Admission: _____ Admission No.: _____