HAL – SUMA ROYALE SCHOOL

P. O. Box 2578, Tamale, Northern Region
Tel: 0240 284 788 | 0204 041 888

Affix Passport Photo

Admission to Basic School

APPLICATION FORM

Reference No: HRS/BASIC/APF/NO.

Please complete this form in BLOCK CAPITALS using black or blue ink

1 CHILD'S DETAILS

SURNAME **MIDDLE NAME** **FIRST NAME**

DATE OF BIRTH dd / mm / yyyy **AGE** **GENDER** ☐ Male ☐ Female

NATIONALITY **RELIGION**

CHILD'S CURRENT ADDRESS (the school may seek proof of address)

NAME OF PREVIOUS SCHOOL ATTENDED **CLASS OF PREVIOUS SCHOOL**

REASON(S) FOR LEAVING PREVIOUS SCHOOL

HOBBIES / INTERESTS

ANY DISABILITIES? ☐ Yes ☐ No **IF YES, PLEASE SPECIFY**

2 PARENT / GUARDIAN INFORMATION

FULL NAME **RELATIONSHIP TO CHILD**

OCCUPATION **PHONE NUMBER**

RESIDENTIAL ADDRESS

SIGNATURE / THUMBPRINT **DATE**

3 FOR OFFICIAL USE ONLY OFFICE ONLY

APPLICATION RECEIVED BY **SIGNATURE**

DATE **REMARKS**