



# ACCRA ACADEMY

P. O. BOX GP. 501, ACCRA GHANA. Tel +233302221721 Fax: +233302247824

Email: info@accraacademy.edu.gh Website: www.accraacademy.edu.gh

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Headmaster: Emmanuel O. Fiemawhle

Date:.....

In case of reply, the number and date of the letter should be quoted.

**Our Ref: AA/STUD/ADF/2022**

## 2022 SHS 1 ADMISSION NOTICE

Name:.....  
(Surname) (Other names)

Index No:.....JHS Attended:.....

Programme Offered: .....

1. I am pleased to inform you that you have been admitted to the Accra Academy as a  
Day student  Boarder
2. You are to complete the attached forms A, B, C, D, and E and submit to the Headmaster before reopening.
3. Kindly fill the attached medical form for the purpose of medical examination.
4. Parents/guardians are to report with their wards at the school on .....**2022** for briefing.
5. Please, accept my congratulations.

**EMMANUEL O. FIEMAWHLE**  
**HEADMASTER**



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## ADMISSION FORM 'A' STUDENT RECORD FORM

Two  
Passport  
pictures

- 1) Name.....  
(SURNAME) (FIRST NAME) (MIDDLE NAME)  
DATE OF BIRTH.....PLACE OF BIRTH.....SEX.....
- 2) **STUDENT ADDRESS** [ ALL FIELD IS REQUIRED]
  - a) POSTAL:.....
  - b) RESIDENTIAL:.....DIGITAL ADDRESS \_\_\_\_ - \_\_\_\_ - \_\_\_\_
  - c) DISTRICT.....REGION.....
- 3) LAST SCHOOL ATTENDED.....REGION.....
- 4) AGGREGATE OBTAINED.....RELIGION.....
- 5) Position(s) Held in last school .....
- 6) **FATHER:** [ ALL FIELD IS REQUIRED]
  - a) NAME:.....OCCUPATION.....
  - b) ADDRESS:.....HOMETOWN.....
  - c) REGION.....CONTACT(WHATSAPP).....
  - d) BUSINESS ADDRESS.....
- 7) **MOTHER:** [ ALL FIELD IS REQUIRED]
  - a) NAME:.....OCCUPATION.....
  - b) ADDRESS:.....HOMETOWN.....
  - c) REGION.....CONTACT(WHATSAPP).....
  - d) BUSINESS ADDRESS.....
- 8) NAME AND ADDRESS OF PERSON RESPONSIBLE FOR STUDENT EDUCATION  
.....
- 9) ADDRESS TO WHICH ALL CORRESPONDANCE INCLUDING TERMINAL REPORT SHOULD BE SENT  
[ ALL FIELD IS REQUIRED]  
Email.....Mobil.....



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## ADMISSION FORM 'B' STUDENT DECLARATION

- 1) I,.....do accept the place offered me.
- 2) I do hereby promise to abide by the Accra Academy School Code of Discipline which is designed to mould my character and my way of life; make me a responsible and a useful citizen acceptable to Accra Academy community in particular and by Ghanaian Society in general. (please find attached).
- 3) I further promise to comport myself at all times and in all places in such a way that the name of the school shall not be brought into disrepute.
- 4) I promise again, to show absolute, respect to all Seniors, the Teachers and Non-Teaching Staff, the Headmaster and the General Public, both old and young.
- 5) Above all, I solemnly promise to uphold, protect and defend the good name of Accra Academy School and always behave in a manner compatible with the norms of this community.
- 6) In the event of my inability to live according to the solemn promises I have made, the school deserves the right to discipline me in accordance with the Code of Discipline.

**NAME OF STUDENT:**.....

**SIGNATURE OF STUDENT:**.....

**WITNESSED BY PARENT:**.....

**NAME OF PARENT:**.....

**SIGNATURE OF PARENT:**.....**DATE:**.....

We firmly undertake to be jointly held responsible for the violation of any of the school regulations and code of conduct provided by Ghana Education Service and the necessary sanctions applied.



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## ADMISSION FORM 'C' PARENTS/GUARDIANS DECLARATION FORM

- 1) I, .....do accept the offer made to my ward by the school.
- 2) I further promise to discharge all my responsibilities to the school and to my ward and to cooperate with the school in providing for my ward a sound academic and moral education.
- 3) I do hereby promise to present myself anytime authorities invite me and also participate in all meeting of parents and guardians.
- 4) I promise to cooperate with the school authorities in the discharge of any disciplinary decision taken on my ward.

Full name of parent/guardian:.....Date:.....

### FOR OFFICE USE ONLY

DATE ADMITTED: .....PROGRAMME: .....

CSSPS/FSHS STUDENT CODE: .....

ASSISTANT HEADMASTER'S REMARKS: .....

HEAD OF SCHOOL REMARKS: .....



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## ADMISSION FORM 'D'

### MEDICAL HISTORY

1. Name of Student .....
2. Date of Birth.....Height .....Weight .....
3. Does he suffer from:
  - Sickle-cell Disease
  - Rheumatism
  - Asthma
  - Fainting Spells
  - Epilepsy
  - Mental disease

Other condition(s), which may need attention.....  
.....
4. Has he had any serious illness of operation at any time in his life? If so, state illness/operation  
.....  
.....
5. From which doctor or hospital did he receive treatment?  
.....
6. Does he wear glasses? If so, what are the prescriptions?  
.....  

If not, can he see clearly to read from books and classroom board?.....  
(Please take him to an Optician if there is any doubt about this)
7. Does he have any hearing impairment? If so, please describe the condition.  
.....
8. Has he had his teeth checked by the dentist recently.....(If not please check this).
9. Can he eat normal school food?.....  
(If not please attach a medical certificate from a qualified doctor to that effect)
10. Is he allergic to any food?.....  
Which food?.....

Please note that if he cannot eat corn, kontomire and beans or any two of these, his status as a boarder will have to be reconsidered.

11. Can he take part in all normal actives like sports, games, house cleaning etc.?.....  
.....

If not, please attach a medical certificate from a qualified doctor to that effect. Please note that students who for some reasons cannot take part in any form of house work or cleaning will be day students.

12. Does he have to take any medicine regularly? If so, what medicine, how often is it administered and why.  
.....  
.....  
.....

13. What medicines are you allowing him to bring to school?.....  
.....

14. Any other comment or information you would like us to know?.....  
.....  
.....

15. In case of severe illness or emergency, please contact:

- a) Name:.....  
b) Address:.....  
c) Contact:.....