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PHOTO

## Application / Re-Enrollment Form

Grade applying for: Kindergarten / Primary (1 - 6)										Junior High	
<input type="checkbox"/> Nursery	<input type="checkbox"/> KG 1	<input type="checkbox"/> KG 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6			
						<input type="checkbox"/> JHS 1	<input type="checkbox"/> JHS 2	<input type="checkbox"/> JHS 3			

Student Information			
Student' full name	Citizenship	Date of Birth (dd/mm/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Email address:	
Current School:	Level of Education:	Class / Level Completed:	
Future Plans: <input type="checkbox"/> University <input type="checkbox"/> College	Future Post-Secondary Program Interest: <input type="checkbox"/> Arts <input type="checkbox"/> Business <input type="checkbox"/> Computer Science <input type="checkbox"/> Engineering Science <input type="checkbox"/> Other		

Parent Information		
	Father	Mother
Full Name		
Date of Birth (dd/mm/yyyy)		
Home Address		
Telephone Number		
Mobile Phone Number		
Email Address		
Occupation		

Referred By:
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Agreement of Correctness		
I hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal of an offered seat at any time during my period of enrolment by the academic administration at Golden Angels School.		
Student Signature: .....	Parent Signature: .....	Date: ..... (dd/mm/yyyy)