



MILVIK INTERNATIONAL SCHOOL COMPLEX

P.O. Box GP 3143,
Onyansana, Accra,
Ghana

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Email: Milvikschool15@gmail.com

APPLICATION FOR ADMISSION

Please read and complete each section of the form.

Section 1: Applicant's Personal Details		
Surname:	First Name:	Other Names:
Gender:	Date Of Birth:	Place Of Birth:
Postal Address:		
Residential Address:		
Nationality:	Tel/Mobile:	

Section 2: Academic Details			
Class in which admission is sought:			
Name(s) of school attended in the past and dates of attendance:			
Name of school	Class	From	To

Section 3: Parent / Guardian Details

Father's Name:

Profession:

Organisation:

Office Address:

Email Address:

Office Telephone:

Mobile Number:

Mother's Name:

Profession:

Organisation:

Office Address:

Email Address:

Office Telephone:

Mobile Number:

Section 4: Personality And Health

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problem requiring special attention:

Section 5: Declaration

I the parent/guardian of
confirm to the best of my knowledge, the information provided in this form is correct, complete and accurate. I have understood and agreed to abide by all school rules including school discipline, tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child’s life, health and property, the school cannot be held responsible for the damage to these.

.....
Signature of Parent/Guardian

.....
Date

Section 6: Admission Procedure

1. The completed admission form along with the copies of birth certificates, three (3) passport size photographs and the registration fees (non-refundable) must be submitted to the school office.
2. After the admission form has been processed, a date is given for applicant’s assessment.
3. Parents are informed of the outcome within one week of the written test date.
4. The outcome of the written test determines if the child will be admitted / enrolled.

Section 7: For Official Use Only

Form Checked By:	Registration Fee Paid On:
Birth Certificate:	Passport Photographs Provided: Yes / No
Written Test: Pass / Fail	Admission Status: Accepted / Rejected
Date:	Reason For Rejection
..... Signature of Secretary Signature of Chairman/Director