

Equity International School P. O. Box SU 493, Suhum, Eastern Region, Ghana

Phone: OFFICE LINE (MAIN): 030 396 1725 | WHATSAPP LINE: 050 915 6582 MOBILE MONEY: 055 568 6925 | OTHERS: 024 327 0374 | 024 637 0709 | 050 538 3783 | 024 433 7877 Email: equityinternationalschool@gmail.com | info@equityinternationalschool.org

Website: www.equityinternationalschool.org

Application / Re-Enrollment Form

Grade applying for: Kindergarten / Primary (1 - 6) Junior High					
□ Nursery □ KG1 □ KG2	1 2] 6		
		□ JHS 1	□ JHS 2	☐ JHS 3	
Student Information					
Student' full name	Citizenship	Date of Birth (dd/mm/	/ww) Sex		
	1	`	□Male	☐ Female	
Address:		Email address:			
C	Class / Laval Convoluted				
Current School:	Level of Education:	ducation: Class / Level Completed:			
Future Plans: Future Post-Secondary Program Interest:					
☐ University ☐ College		s □ Computer Science	e 🗆 Engineering S	Science 🗆 Other	
Parent Information					
E II N	1 3	Father		Mother	
Full Name	H /				
Date of Birth (dd/mm/yyyy)	6 7	160	9 7		
	C 111.	1 Marie Mari	9 /	VA	
Home Address			35		
	Contract of the		د کرد		
Telephone Number			77/		
Mobile Phone Number	10.		37		
	166	rnation			
Email Address		ALCIES -			
Occupation				1	
< 0				CE>	
Referred By:					
Referred By:					
O.F.					
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 Equity International School.					
Student Signature: Parent Signature: Date:					
Student Signature: Date: (dd/mm/yyyy)					





PHOTO