



# BENABI ACADEMY

## BAATSONAA, SPINTEX ROAD, ACCRA

FIX PASSPORT  
PICTURE

Address: P.O. Box 1776 Accra E-mail: [bennunoo@yahoo.com](mailto:bennunoo@yahoo.com) Mobile: 0244798257/0244204397

### PRIMARY AND JUNIOR HIGH SCHOOL REGISTRATION AND ENROLLMENT FORM

#### PART A: Department for which admission is being sought:

1. PRIMARY

2. JUNIOR HIGH SCHOOL

#### PART B: BIODATA

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Nationality: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Eye Colour: Black  Brown  Blue  other \_\_\_\_\_

Hair Colour: Black  Brown  Red  other \_\_\_\_\_

Allergies / Special Diets: \_\_\_\_\_

#### PART C: PARENT / GUARDIAN INFORMATION

(1)

Parent / Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

(2)

Parent / Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

Hours at work: \_\_\_\_\_

Hours at work: \_\_\_\_\_

Major Landmark near Parent's residence \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Previous school(s) attended \_\_\_\_\_

**PART D:           HEALTH**

In case of emergency which hospital do you want your ward to be taken to?

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**PART E:           SOCIAL RELATIONSHIPS**

Please give a brief description of your child's disposition. Is he / she friendly by nature, aggressive, shy, withdrawn, imaginative, and demanding? Etc.

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What type of co-curricular activity does your child take active interest in? (E.g. Science Club, Music Club, Brass Band, Taekwondo, Art & Culture, etc.)

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**TERMS OF PAYMENT**

All fees including admission should be paid in full before or on admission.

**GUARANTEE FOR PAYMENT OF SCHOOL FEES**

I confirm that, I will be responsible for the payment of school fees.

I understand that the full payment of school fees must be paid in full when school reopens.

I hereby undertake to pay into the school's account all monies that may from time to time hereafter become due in respect of school fees.

**PLEASE NOTE:**

Mode of payment:

a. MTN mobile money: 0244204397

b. CAL Bank (Spintex), Acct. name: BENABI ACADEMY LTD., Acct. no. 101012581515.

d. Present pay in slip for an Official Receipt.

Parent / Guardian Name: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE: FEES PAID ARE NOT REFUNDABLE**

**Official Use Only**

Date of Admission \_\_\_\_\_ Registration / Admission No \_\_\_\_\_

Age (as at 30<sup>th</sup> Sept) \_\_\_\_\_ Class Admitted to \_\_\_\_\_

Remarks \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(HEADMASTER / HEADMISTRESS)

**(COPY TO BE DETACHED FOR PARENT / GUARDIAN)**

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