



Admission Form

The Nest School Complex- Takoradi

P. O. Box 1170
Tel: 024-090-6834 / 020-514-1504

Serial No. TNSC20252026001

Student Details

	Surname	First Name	Other Name(s)
	Date of Birth(DD/MM/YY)	Gender	Nationality
			Email
	Special Medical information(Allergy etc)	Blood Type	Home Town
			Language Spoken
Postal Address	Residential Address	Name of Previous School Attended	
		Start Date	End Date

Father's Details

Surname	Firstname	Relationship	Occupation
Telephone No.	Postal Address	Email	

Mother's Details

Surname	Firstname	Relationship	Occupation
Telephone No.	Postal Address	Email	

Alternate Emergency Contact Details

Full Name	Relationship	Contact
Living with Both Parent	No. Of Siblings	Special Skills(eg. Sports, Music)

I hereby declare that the information furnished above are true and correct to the best of my knowledge and belief. I authorize the school and its authorized officials to keep this information and copies thereof and to use and disclose in a confidential manner any information supplied

Name:.....

Signature:.....

OFFICIAL USE ONLY -- DO NOT WRITE BELOW THIS LINE -- OFFICIAL USE ONLY

Date Admitted..... Class Admitted To:..... Authorized By:.....