



HIS MAJESTY SENIOR HIGH SCHOOL

P. O. BOX DC 650, Dansoman – Accra [Tel:+233 302-303357/0244-277107](tel:+233302303357)

PERSONAL INFORMATION

Full name: _____
 Date of Birth (dd/mm/yy) ____/____/____ Gender: _____
 Nationality: _____ Religion: _____
 Contact Number: _____ Email: _____
 Place of Birth: _____
 Hometown: _____
 Permanent Home Address: _____
 Corresponding Address: _____



EDUCATION BACKGROUND

Previous School Attended: _____
 Course Studied: _____

DETAILS OF PARENT / GUARDIAN

Name of Parent / Guardian: _____
 Occupation: _____
 Contact Address of Parent / Guardian: _____

Contact Number of Parent / Guardian: _____
 Parent / Guardian Signature: _____

Selection of Courses (please Tick Accordingly)

Courses Offered

	Business <input type="checkbox"/>	General Arts <input type="checkbox"/>	Science <input type="checkbox"/>
CORE SUBJECTS	GENERAL ARTS	SCIENCE	BUSINESS
Core Maths <input type="checkbox"/>	History <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Economics <input type="checkbox"/>
Integrated Science <input type="checkbox"/>	literature <input type="checkbox"/>	Physics <input type="checkbox"/>	Bus. Management <input type="checkbox"/>
Core English <input type="checkbox"/>	Geography <input type="checkbox"/>	Biology <input type="checkbox"/>	Accounting <input type="checkbox"/>
Social Studies <input type="checkbox"/>	Economics <input type="checkbox"/>	Elective Maths <input type="checkbox"/>	costing <input type="checkbox"/>
			Elective Maths <input type="checkbox"/>

CONDITIONS OF ENROLMENT

Fees must be paid in full.
 Fees paid are not refundable.
 I, the undersigned have agreed to abide by the rules and regulations of this institution.

DECLARATION

I _____ do hereby certify that the above information is true to the best of my knowledge and therefore consecrate to abide by all rules and regulations of this institution.

Date: _____ Applicant's Signature: _____

Official Use Only

Approved by:

.....
 Total Fee Due: Initial Deposit.....