



CALVARY-LINK ACADEMY (CLA)

CRECHE, NURSERY, KINDERGARTEN, AND PRIMARY!

P. O. BOX STC 2, STC-Accra
Tel: 020-8172900 / 0244151194 / 0268817900

REGISTRATION FORM

CHILD INFORMATION

Surname:..... Other Name(s):.....
Date of Birth:..... Age:..... Sex: M F
Nationality:..... Language Spoken:.....

PICTURE

CHILD HEALTH INFORMATION

Immunization: Tick if Yes for the following and if the answer is No.

Tuberculosis Poliomylitis Diphtheria

Tetanus Measles Yellow Fever

Suffering from any Allergy(s): Please specify which type of allergy(s).

- (1).....
- (2).....
- (3).....

PARENTS / GUARDIANS INFORMATION

MOTHER

Surname:..... Other Name(s):..... Occupation:.....
Residential Address:..... Office Address:.....
Residential Tel. No:..... Office Tel. No:.....

FATHER

Surname:..... Other Names:..... Occupation:.....
Residential Address:..... Office Address:.....
Residential Tel. No:..... Office Tel. No:.....

GUARDIAN

Surname:..... Other Names:..... Occupation:.....
Residential Address:..... Office Address:.....
Residential Tel. No:..... Office Tel. No:.....

Mother's Signature:..... Date:.....

Father's Signature:..... Date:.....

Guardian's Signature:..... Date:.....

OFFICE USE ONLY

Date of Application:..... Signature:.....