



VRA Schools Department

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Date: May 2, 2007

REGISTRATION FORM

NAME OF PROSPECTIVE PUPIL:

Surname	Other Names
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DATE OF BIRTH: Age: SEX: M / F

NAME OF PARENT/GUARDIAN:

WORK PLACE ADDRESS:

..... Staff No:

TEL. NOS: PLC: GT: CELL:

COMMUNITY & HOUSE NUMBER:

TEL. NOS: PLC: GT: CELL:

Signature: Date:

NB: Admission to the VRA Kindergarten will be based strictly on:

- a. Age (between 3 years 8 months and 4 years 6 months on September 1, 2007).
- b. Ability of the child/ward to recognize pictures/objects in pairs, colours etc.
- c. Written evidence from the Hospital of the child having been immunized against the six-childhood killer diseases.
- d. Originals of Birth Certificate.