## **REGISTRATION FORM**

- Fill ALL in BLOCK LETTERS
- Leave out ONE BOX to indicate spacing.
- Completed form will only be validated when signed by applicant.
- © Completed form must be submitted to the admission office in person or emailed to admission@thevgs.edu.gh

aumission@mevgs.euu.gn	
Current Class:	THIMAR SCHOOL
Date of Proposed Entry://	MAR SU
STUDENT DETAILS	
Name of Child:	
Date of Birth: Place of Birth: Place of Birth:	
Nationality:	
Religion:	Sex:
Residential Address:	
Postal Address:	
Home Telephone         1.	44223344
PARENT / GUARDIAN DETAILS	
Father's Name:	
Occupation:	
Company:	
Mobile No.:  Business Phone No.:	).: 
Example 233244223344	44
E-mail Address:	
E-mail Address:	
Mother's / Guardian's Name:	
Occupation:	
Company:	
E-mail Address:	

Mobile No.:	Example 233244223344
If Guardian, relationship to Pupil:	
Are Parents living (Together ) (Separated ) (Divorced	) (Single Parent )
Language(s) Spoken at home:	
Do you have children in the school? No Yes If Y	es, kindly specify how many
Does your child have any diagnosed disabilities? Yes No	
If yes, explain:	
If registering for TINS, would your child be continuing to the Primar	y? Yes No 🗌
If NO. Which primary school would your child attend?	
How did you find out about The VGS?	
Website: Parent of The VGS:	
Instagram: Google: Staff of The VGS:	Other:
PREVIOUS SCHOOL DATA	
(THE SCHOOL WILL BE CONTACTED FOR PUPIL TESTIMON	NIAL AND REPORTS FOR LAST 2 TERMS)
Name of School:	
Address of School	
E-mail Address:	
Telephone: 1	Example 233244223344
Exact Reason(s) for changing schools:	
Name of Parent/Guardian:	
Signature: D	ate:

## FOR OFFICIAL USE\_\_\_\_\_

DESCRIPTION	DATE	SIGNATURE
Testing Fee (Where applicable)		
Admission Forms		
Medical Form 1	EVICTOR	
Medical Form 2 (If applicable)		
Policy Agreement Form	ALL O	
Consent for Media		
Admission Fee		7
Tuition Fee	GACELLENCE, RESPECT & RESPONSIBILITY	9
Discount	4	
Year and Stream Enrolment	MAR 5	
Classter Registration		
Correspondence		

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