



GHANA NATIONAL COLLEGE CAPE COAST

P. O. BOX 161
CAPE COAST
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E-Mail: ghananationalshs@ges.gov.gh
GPS: CC-044-6515

BANKERS:
GCB BANK

STUDENT RECORDS FORM

(COMPLETE AND RETURN TO THE HEADMASTER)

NB: *Uncompleted forms will not be accepted*

FOR OFFICE USE ONLY

TRACK:
ADMISSION No:
FORM:
DATE OF ADMISSION:
PROGRAMME:

Recent
Passport
Picture

1. STUDENT'S NAME:
Surname First Name Others
2. NATIONALITY: HOME TOWN:
3. DATE OF BIRTH: PLACE OF BIRTH:
4. GUARDIAN'S NAME:
5. OCCUPATION:
6. RELATIONSHIP:
7. ADDRESS TO WHICH ALL CORRESPONDENCE SHOULD BE SENT
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.....
.....
8. LAST SCHOOL ATTENDED:
9. YEAR OF LEAVING:
10. BECE INDEX NUMBER:
11. HOBBIES:
12. RELIGION:
13. LANGUAGES SPOKEN:
14. NAME OF LOCAL CONTACT (IF ANY):
15. RELATION:

16. ADDRESS:

.....
.....
.....

FATHER'S DETAILS:

NAME:

OCCUPATION:

LEVEL OF EDUCATION:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

RESIDENTIAL TELEPHONE/MOBILE PHONE NUMBER(S):

BUSINESS ADDRESS:

E-MAIL ADDRESS:

BUSINESS TELEPHONE/MOBILE NUMBER(S):

MOTHER'S DETAILS:

NAME:

OCCUPATION:

LEVEL OF EDUCATION:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

RESIDENTIAL TELEPHONE/MOBILE PHONE NUMBER(S):

BUSINESS ADDRESS:

E-MAIL ADDRESS:

BUSINESS TELEPHONE/MOBILE NUMBER(S):

SIGNATURE:

(Parent/Guardian)

DATE: