



ADMISSIONS FORM



PASSPORT

I. PERSONAL DATA
Last Name:
First Name: Middle Name:
Date Of Birth: / / Sex: Male Female
Place Of Birth:
Social Security Number:
Postal Address:
Residential Address:
City: Country: Country:
Home Phone: Cell: Fax:
Email:
Citizenship: Chanaian Other (Specify):
Dual (Specify):
Marital Status: Single Married Seperated Divorced
EMERGENCY CONTACT
Name: Relationship:
Telephone: Fax:
Email: Address:

PROGRAM PREFERENCE				
Choice: Foundation Proficiency				
I Month 3 Months 6 Months Weeked School				
Mainstream School				
DECLARATION BY APPLICANT				
I hereby declare that all the information contained herein, provided by me is true and correct. I acknowledge that I could be denied admission or be withdrawn from the programme, if any of the information provided proves to be false.				
Signed: Date: / /				
2. FAMILY INFORMATION Father's Name:				
Living: Vos No Cooungtion:				
Living: Yes No Occupation:				
Telephone: Email:				
Home Address If Different From Yours:				
Mother's Name:				
Living: Yes No Occupation:				
Telephone: Email:				
Home Address If Different From Yours:				
Guardian's Name:				
Relationship: Occupation:				
Telephone: Email:				
Home Address If Different From Yours:				

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Name of Employer	Address	From	То	Position

4. ACADEMIC INFORMATION

List all Secondary Schools, Colleges, etc you have attended beginning with the latest institution in the boxes provided below

Name of Institution	Address	From	То	Area of Study	Certificate

Subject	Date T	aken	Best Grade
Subject	MM	YY	Desi Gidde
Core Mathematics			
English Lanuage			
Science			
Social Studies			
Elective			

Attach a certified copy of result slips of examinations you have taken. For students awaiting results, attach a copy of registration slips of examination

I understand that the cost of admission and tuition are not all-inclusive, and that other costs related to the purchase of ingredients for practical cooking lessons equipment, uniforms, examination and graduation fees, and other miscellaneous expenses will be incurred during the course of the programme. I thereby declare that I accept responsibility to pay fees and all other required expenses.
Signed: Date: / /
Relationship if Applicable (Parent or Guardian):
How did you hear about PVTS?
FOR OFFICIAL USE ONLY
Interview Date:
Admission Fee Paid: Tuition Fee Paid: Signed by: Date: / /

5. FINANCIAL COMMITMENT



BANK DETAILS

Access Bank PLC

Branch: Castle Road

Account No.: 0090229190831

