HYDESON SCHOOL

LOCATION: EAST LEGON HILLS NEAR REDROW ESTATES
P.O. BOX GP 1746, ACCRA
EMAIL: hydeson.school@outlook.com
TELEPHONE: 030-290-2454 MOBILE: 050-820-1501

STUDENT INFORMATION UPDATE

STUDENT ID:

FIRST NAME:

MIDDLE NAME:

LAST NAME / SURNAME:

SEX / GENDER : ☐ Male ☐ Female

DATE OF BIRTH: *dd/mm/yyyy* DAY MONTH YEAR

DATE OF ADMISSION: *dd/mm/yyyy* DAY MONTH YEAR

CLASS:

RESIDENTIAL ADDRESS:

STUDENT ALLERGY:

GUARDIAN AND PARENTS INFORMATION

NAME OF GUARDIAN: Title Name:

GUARDIAN RELATIONSHIP WITH WARD:

GUARDIAN TELEPHONES: Main Telephone: Secondary Telephone:

GUARDIAN RESIDENTIAL ADDRESS:

GUARDIAN EMAIL ADDRESS:

HOME CARE GIVER: Name: Telephone:

NAME OF FATHER: Title Name: Telephone:

NAME OF MOTHER: Title Name: Telephone:

DECLARATION

I declare that the information provided on this form is true, complete and accurate, and that no information requested or relevant information has been deliberately omitted. I also understand and accept the School's right to apply the appropriate sanctions on me upon distortion of any information provided on this form. By signing on this form, I confirm my agreement to this declaration.

SIGNATURE OF GUARDIAN: DATE: