

SCHOOL REGISTRATION FORM



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Oyarifa, Accra 

INFORMATION

STUDENT INFORMATION

Name:	
Phone number:	Date of Birth: / /
Home Address:	
City:	State:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous School (if any):

GUARDIAN INFORMATION

Guardian Name:	
Relationship to Student:	Other:
Phone Number:	Email Address:
Home Address (if different from student):	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	
Relationship to Student:	Phone Number:

MEDICAL INFORMATION

Does the student have any allergies? yes No
If yes, please list: _____

Does the student have any medical conditions we should be aware of? yes No
If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____
Health Insurance Provider: _____ Policy Number: _____

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted: Birth Certificate Immunization Records
 Proof of Address Other: _____

Date: / / Signature: _____