ADMISSIONS FORM 2017/2018

Flair Catering Services Limited, 10 Josef Broz Tito Avenue

Cantonments, Accra, Ghana, West Africa

Phone: (+233) 302 775 599 Mobile: (+233) 50 041 0740

 $\hbox{E-Mail: flaircsl@yahoo.com Website: www.flaircateringservices.com}\\$



1. PERSONAL DATA		
NAME		
Surname	First Name	Middle Name
GENDER Male	Female	
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
POSTAL ADDRESS		
RESIDENTIAL ADDRESS		
CITY	STATE	COUNTRY
HOME PHONE	CELL PHONE	FAX
EMAIL		
CITIZENSHIP: Ghanaian	Non-Ghanaian (Specify)	Dual (Specify)
MARITAL STATUS: Single	Married Separated	Divorced
EMERGENCY CONTACT		
Name	Relationship	Telephone
Email	Fax	•
Residential Address		

PROGRAMME PREFERENCE (FOUNDATION OR PROFICIENCY):

First Choice:

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 I acknowledge that I could be denied admission or be withdrawn from the programme, if any of the information provided proves to be false.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:	Name:	Date:
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ELECTIVE ELECTIVE	SCIENCE (SPECIFY)						
ELECTIVE	SOCIAL STUDIES						
	ELECTIVE						

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

ELECTIVE

FINANCIAL COMMITMENT

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:	Name:	Date:	_
	Relationship, if c	applicable (parent or guardian):		_
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