## **APPLICATION FORM**



	Place of Residence  Date of Birth  Sex  Male  Previous school attended  Nationality  Ashanti  Central  Northern  Oti  Volta  Western  Western North  Swith learning difficulties and disabilities.  s, please mark boxes which are appropriate to you.  Blind/partially sighted  Wheelchair user/mobility disabilities  Mental health difficulties  Multiple disabilities
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DDITIONAL INFORMATION	
you have additional information that was not specifically i	
ovided, please add in space provided below.	requested on the application or did not fit in the space

## **AUTHORIZATION**

Your signature below.

- 1. Authorizes all schools you attend to provide all requested records and allow review of your application for the admission process selected for this application.
- 2. Confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

	Б. І
Signature of applicant	Date