



SOLID FOUNDATION ACADEMY

Lome - TOGO

QUALITY WITH INTEGRITY

STUDENT ADMISSION FORM

Academic Session: _____

A. Student Information

Surname: _____

First Name: _____

Other Names: _____

Gender: Male ☐ Female ☐

Date of Birth: _____

Nationality: _____

Place of Birth: _____

Home Address: _____

Religion: _____

Language Spoken at Home: _____

B. Admission Information

Class Applying For: _____

Previous School: _____

Last Class Attended: _____

Reason for Leaving Previous School: _____

C. Parent/Guardian Information

Father's Name: _____

Occupation: _____

Phone Number: _____

Email: _____

Mother's Name: _____

Occupation: _____

Phone Number: _____

Email: _____

Residential Address: _____

D. Medical Information

Blood Group: _____

Genotype: _____

Allergies (if any): _____

Medical Condition (if any): _____

Family Doctor/Hospital: _____

Emergency Contact Number: _____

E. Declaration

I certify that the information provided in this form is true and correct. I agree to abide by the rules and regulations of Solid Foundation Academy.

Parent/Guardian Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Application No.: _____

Entrance Examination Score: _____

Interview Result: _____

Admission Approved: Yes ☐ No ☐

Class Admitted Into: _____

Admission Number: _____

Principal's Signature: _____

School Stamp: