



**HOPE COLLEGE**

*Character. Scholarship. Service. Leadership*

Address: P. O. Box GP 18169, Accra, Ghana. Tel: 020 041 2324, 024 874 8944.

Website: [www.thevillageofhope.com](http://www.thevillageofhope.com). Email: hopecollege.voh@gmail.com.

Affix one passport-size picture taken within the past **six** months. Please ensure that your **full name** is written at the back of the photograph.

## ADMISSION FORM

### PERSONAL INFORMATION

1. Surname/Family Name/Last Name: \_\_\_\_\_

2. First & Other Names: \_\_\_\_\_

3. Sex:  Male  Female

4. Date of Birth (dd-mm-yyyy): \_\_\_\_\_ 5. Age: \_\_\_\_\_

6. Place of Birth: \_\_\_\_\_

7. Nationality: \_\_\_\_\_

8. Language(s) Spoken: \_\_\_\_\_

9. Religious Affiliation (e.g. Church of Christ, Methodist, Islam, Hindu): \_\_\_\_\_

10. Favourite Sports/Games/Hobbies: \_\_\_\_\_

11. Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTAL INFORMATION

12. Name of Father: \_\_\_\_\_

Permanent Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Nationality: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Status: :  Alive  Deceased

13. Name of Mother: \_\_\_\_\_

Permanent Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Nationality: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Status: :  Alive  Deceased

14. Please provide information below regarding the parent or guardian with whom the student legally resides:

Full Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Permanent Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATIONAL HISTORY**

Name of School	Location	Dates Attended

Name of School	National Examination Written	Dates Written

**HEALTH RECORD**

16. Does the applicant have normal good health?

Yes       No

If no, please specify \_\_\_\_\_

17. Is the applicant's hearing normal:

Yes       No

If no, please specify \_\_\_\_\_

18. Does the applicant have any permanent disability?

Yes       No

If yes, please specify \_\_\_\_\_

19. Is the applicant's eyesight normal?

Yes       No

If no, please specify \_\_\_\_\_

20. Please provide any other important health related information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a doctor's report where necessary.

**COURSE SELECTION – WEST AFRICAN SENIOR SCHOOL CERTIFICATE EXAMINATION (WASSCE)**

Compulsory: Core Mathematics, Core English, Integrated Science, Social Studies, ICT, Life Skills, P.E

Electives: Tick 4 subjects and underline where appropriate from your preferred programme below:

<u>GENERAL ARTS 1</u>	<u>GENERAL ARTS 2</u>	<u>GENERAL ARTS 3</u>
Literature-in-English/History	Government	Government
Government	History/Elective Mathematics	History
Geography	Geography	Literature-in-English/French/Fante
Christian Religious Studies	Economics	Christian Religious Studies
<u>BUSINESS</u>	<u>HOME ECONOMICS</u>	<u>SCIENCE</u>
Business Management	Management in Living	Physics
Financial Accounting	General Knowledge in Art	Chemistry
Economics	Food and Nutrition/Clothing and Textiles	Biology
Elective Mathematics/Cost Accounting	Biology/Chemistry	Elective Mathematics

Indicate Programme Choices: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

**PERFORMANCE CONDITION/UNDERTAKING (PARENT):**

I \_\_\_\_\_ understand that my ward \_\_\_\_\_ is being admitted/re-admitted into Hope College on condition that he/she would study and pass all terminal examinations including the promotion examination each year. I agree that should my ward fail the promotion examination, he/she can be repeated or withdrawn from the school. I also promise to settle all fees sent to me promptly. I assure you that my ward will abide by all rules and regulations applicable to the students of Hope College; and would submit to the disciplinary measures of the College should any rules and regulation be broken.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERFORMANCE CONDITION/UNDERTAKING (STUDENT):**

I \_\_\_\_\_ understand that I am being admitted/re-admitted into Hope College on condition that I would study and pass all terminal examinations including the promotion examination each year. I agree that should I fail the promotion examination, I can be repeated or withdrawn from the school. I assure you that I will abide by all rules and regulations applicable to the students of Hope College.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***FOR OFFICE USE ONLY***

**Examination Index Number** \_\_\_\_\_ **Examination Date** \_\_\_\_\_

**Examination Marks: English** \_\_\_\_\_ **Math** \_\_\_\_\_ **Science** \_\_\_\_\_ **Social Studies** \_\_\_\_\_

**Interview Panel: 1.** \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Final Remarks by Panel:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Panel Chairperson's Name**

\_\_\_\_\_  
**Panel Chairperson's Signature**

\_\_\_\_\_  
**Date**

**Admission Decision:** \_\_\_\_\_ **Form/Programme Admitted Into:** \_\_\_\_\_

\_\_\_\_\_  
**Headmaster's Name**

\_\_\_\_\_  
**Headmaster's Signature**

\_\_\_\_\_  
**Date**