

# DISON INTERNATIONAL SCHOOL

P.O. BOX AN5624, ACCRA-NORTH  
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Website address: www.dis.edu.gh

## 2021-2022 REGISTRATION FORM



Registration No.: DIS \_\_\_\_\_

### (Type or Print in Block Letters)

Name of Child \_\_\_\_\_  
Surname Other Names First Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Previous Schools (if any) \_\_\_\_\_

### FATHER OR GUARDIAN

### MOTHER

.....  
Surname Other Names First Name

.....  
Surname Other Names First Name

Profession \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

\_\_\_\_\_

Office Tel. No(s) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Mobile No. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special medical needs? \_\_\_\_\_

Is your child physically challenged or visually impaired? \_\_\_\_\_

If yes, specify impairment. \_\_\_\_\_

Does your child have any learning disability? \_\_\_\_\_

Date of Application \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_