



# TWENEBOAH KODUAH ROYAL ACADEMY

## ADMISSION FORM

**CONTACT:** 0243238899, 0262632009, 0265292629  
**LOCATION:** DUASE, OPPOSITE THE FILLING STATION  
**POSTAL:** HN 2548 ASH-TOWN-KUMASI | **GPS:** AD-395-3122 | **EMAIL:**  
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### STUDENT PERSONAL INFORMATION

Surname:  First Name:

Nationality:  Region:  City:

Sex:  Date of Birth:  Place of Birth:

Postal Address:  Residential Address/Hse No:

Language Spoken:  **1<sup>st</sup> Language**  **2<sup>nd</sup> Language**  **3<sup>rd</sup> Language**

Major Physical Disabilities (if any):

### PARENTS / GUARDIANS

Mother's Name:

Address:

Tel. Number:

Father's Name:

Address:

Tel. Number:

**EMERGENCY CONTACT PERSON (S)**

1. Name:

Address:

Tel. Number:

Location:

Relationship:

2. Name:

Address:

Tel. Number:

Location:

Relationship: