



ST AUGUSTINE'S SCHOOL
QUALITY EDUCATION WITH GODLINESS
P. O. BOX 887, NEW NYAMEBEKYERE – OBUASI. TEL: 0244643979



Student Data Form

Student's Personal/Contact Information

(All fields mark with (*) in this category are mandatory)

Surname: (*)..... Other Names: (*).....

Date of Birth: (*)..... Hometown: (*)..... Year Admitted:.....

Mobile No:..... Home Phone No:..... Email: (*).....

Student's Address

(All fields mark with (*) in this category are mandatory)

Country: (*)..... Region: (*)..... City/Town: (*).....

Suburb: (*)..... Closest Landmark: (*).....

Street: GPS Address: (*)..... House No: (*)..... P. O. Box No: (*).....

Parents/Guardian's Information

(All fields mark with (*) in this category are mandatory)

Father's Name: (*)..... Father's Phone No: (*).....

Mother's Name: (*)..... Mother's Phone No: (*).....

Guardian's Name: Guardian's Phone No:

Father's Occupation: Father's Office Phone:

Mother's Occupation: Mother's Office Phone:

Emergency Contact's Information

(All fields mark with (*) in this category are mandatory)

Emergency Contact's Name

(In case Parents are unavailable): (*)..... Phone No 1: (*).....

Phone No 2: Relationship (to student):

Medical Information

(All fields mark with (*) in this category are mandatory)

Preferred Hospital

(In case of an emergency):..... NHIS No: (*).....

Allergies (If Any): (*) Hospital Card No:

Any other Additional Information:

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