

Application For Admission

Date:

Passport Picture

1. Personal Data

Please check: Mr Mrs Ms

Name:	<input type="text"/>
Address:	<input type="text"/>
City	<input type="text"/>
Region	<input type="text"/>
SS Number:	<input type="text"/>
Email:	<input type="text"/>
Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>

Sex: Male Female Nationality

Date of Birth: Month Day Year

Eg. Dec. 12 1990

2. Program of Study *(One or More selections is valid)* Required!

<input type="checkbox"/> Cake Making and Decorating with Sugar Arts	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Master
<input type="checkbox"/> Balloon, Ribbon & Floral Arts	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Master
<input type="checkbox"/> Cookery Arts	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Master
<input type="checkbox"/> Pastry Arts	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Master
<input type="checkbox"/> Brush Up Skills	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Master

3. Class Session Required!

<input type="checkbox"/> Morning Class	(07:30 - 12:30)
<input type="checkbox"/> Afternoon Class	(13:00 - 17:30)
<input type="checkbox"/> Evening Class	(17:30 - 20:30)
<input type="checkbox"/> Weekend Class	(09:00 - 14:00)

4. Intended Period of Study Required!

<input type="checkbox"/> Session1	(Mid January - Early June)
<input type="checkbox"/> Session2	(Mid June - Early December)

5. Referral Source

Advertisement Family / Friend School / Organisation
 Web site other Please Specify



EKGS CULINARY INSTITUTE
P.O.Box DS 797, Dansoman Estate
Accra-Ghana

Phone: 0302-307293 / 024-4224059
026-4224059
www.ekgsghana.com

Please Continue on the Reverse Side

5. Education Background *Required!*

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Degree / Certificate	Aggregate
Jnr. Secondary School				
Snr. Secondary School				
University / College Polytechnic				
Professional School				
Other				

6. Student Activities and Interest ** Please separate items by comma*

I have participated in:

I am Interested in:

7. Sponsorship / Finance *Required!*

Sponsor: i. Self

ii. other Please Specify

** Please provide the following Information about Sponsor if you selected (ii) above*

Name:	<input style="width: 95%; height: 25px;" type="text"/>
Address:	<input style="width: 95%; height: 25px;" type="text"/>
Home Phone:	<input style="width: 95%; height: 25px;" type="text"/>
Cell Phone:	<input style="width: 95%; height: 25px;" type="text"/>
Place of Work	<input style="width: 95%; height: 25px;" type="text"/>

May we contact your sponsor? yes no

8. Medical History

Do you have any Disabilities? yes no

Do you have any Allergies? yes no

9. Declaration

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND CORRECT.
I further understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.

Applicant's Signature Date: Month Day Year