



Republic of Ghana

GHANA INSTITUTE OF LANGUAGES SCHOOL OF BILINGUAL SECRETARYSHIP

CERTIFICATE & ADVANCED CERTIFICATE COURSES

REGISTRATION FORM

PLEASE ATTACH 2
PASSPORT SIZE
PHOTOGRAPHS
WITH FULL NAME
AT THE BACK.

1. SURNAME: MR./MISS/MRS./DR.....
2. OTHER NAMES (INFULL).....
3. DATE AND PLACE OF BIRTH:
4. NATIONALITY.....
How acquired: (a) By Birth (b) By Naturalisation.....(c) Other (s).....
5. EVIDENCE OF NATIONALITY. SHOW ANY TWO OF THE FOLLOWING:
 - ❖ ORIGINAL BIRTH CERTIFICATE (NOT CERTIFIED TRUE COPY)
 - ❖ PASSPORT
 - ❖ CITIZENSHIP IDENTITY CARD
6. ADDRESS IN FOREIGN COUNTRY (IF FOREIGNER):
7. PRESENT ADDRESS:
8. Email ADDRESS:
9. NAME OF FATHER:
 - ❖ NATIONALITY:
 - ❖ ADDRESS.....
10. NAME OF MOTHER:
 - ❖ NATIONALITY:
 - ❖ ADDRESS.....
11. NAME OF GUARDIAN (WHERE APPLICABLE):
 - ❖ NATIONALITY.....
 - ❖ ADDRESS.....
12. PREVIOUS EDUCATION:

LEVEL	NAME OF INSTITUTION	DATE	
		FROM	TO
1. SECONDARY			
2. UNIVERSITY			
3. OTHER(S)			

13. Are you a worker? Yes/No

If yes, please state the name and address of your employer and the type of work you do.

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14. Indicate the course you will like to do:

EACH COURSE IS 16 HOURS A WEEK. (MONDAY TO FRIDAY)

Days

Weekdays : 5.00pm - 8.00pm

Weekends (Saturdays) : 9.00am - 3.00pm

TUITION FEES ONCE PAID CANNOT BE REFUNDED

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE :

DATE :

FOR OFFICE USE ONLY

TUITION FEE :

RECEIPT NO :

SIGNATURE OF CASHIER :

DATE : OFFICIAL STAMP

