

AMANKWAKROM FISHERIES AND AGRIC TECHNICAL INSTITUTE

In case of reply, the number and date of this letter should be quoted.

Our Ref. _____

Your Ref. _____



P.O.Box. 98
Donkorkrom
Kwahu North Afram Plains District
Eastern Region, Ghana
Amankwatech97@gmail.com

Date:...../...../20.....

SCHOOL MEDICAL FORM

School Name: _____

School Address: _____

School Contact Number: _____

Student Information

Full Name of Student: _____

Date of Birth: _____ Gender: [] Male [] Female

Class/Form: _____ Student JHS Index No.: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Contact Number: _____

Emergency Contact (if different): _____

Emergency Contact Number: _____

Medical Information

1. **Primary Physician's Name:** _____

Contact Number: _____

2. **Health Insurance Provider (if applicable):** _____

3. **Does the student have any known allergies?**

Yes

No

If yes, please specify: _____

4. **Does the student have any chronic conditions?** (e.g., asthma, diabetes, epilepsy)

Yes

No

If yes, please specify and provide details on care or medication needed:

5. **Is the student currently on any medication?**

Yes

No

If yes, list medication(s) and dosage: _____

6. **Has the student had any recent surgeries or hospitalizations?**

Yes

No

If yes, please provide details: _____

7. **Does the student have any physical limitations or special needs?**

Yes

No

If yes, please explain: _____

Consent and Emergency Authorization

In the event of an emergency, I authorize the school and its personnel to seek emergency medical treatment for my child as deemed necessary. I understand that every effort will be made to contact me or the emergency contact provided. I also consent to my child receiving over-the-counter medication if required (e.g., pain relievers, allergy medication) unless specified otherwise.

Parent/Guardian Signature: _____

Date: _____

STUDENT UNDERTAKING FORM

Student's Full Name: _____

Class/Form: _____

Student ID: _____

I, _____ a student

offering _____ at

Amankwakrom Fisheries and Agricultural Technical Institute, hereby undertake and agree to the following **RULES and REGULATIONS**:

1. I will abide by all the rules and regulations of the school, including disciplinary measures as stipulated in the school's code of conduct.
2. I will attend all classes regularly and punctually and participate actively in all academic and extracurricular activities.
3. I will respect my teachers, fellow students, and school staff at all times.
4. I will take good care of the school's property and ensure that I maintain the cleanliness of the school environment.
5. I will refrain from engaging in any form of misconduct, including but not limited to bullying, fighting, cheating, or vandalism.
6. I understand that failure to adhere to these rules may result in disciplinary actions, including suspension or expulsion from the school.

I have read and understood the contents of this undertaking, and I hereby commit to following all rules and regulations of the school.

Student's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

School Representative Name: _____

School Representative Position: _____

Signature: _____

PARENT TEACHER ASSOCIATION (PTA) MEMBERSHIP FORM

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Occupation: _____

STUDENT INFORMATION

Student's Full Name: _____

Class/Form: _____

PTA MEMBERSHIP DETAILS

I, _____, hereby

express my interest in becoming a member of the Parent Teacher Association (PTA). By joining, I understand and agree to the following:

1. I will actively participate in meetings, discussions, and activities organized by the PTA for the benefit of the school and students.
2. I will cooperate with the school administration, teachers, and other parents to promote a positive and healthy learning environment.
3. I will adhere to the rules and regulations of the PTA and support its efforts to improve the welfare of students and staff.
4. I commit to providing feedback and suggestions for the improvement of the school community.

Preferred Communication Method (Please tick one):

Email

Phone Call

SMS/WhatsApp

Signature: _____

Parent/Guardian Signature: _____

Date: _____

For Official Use Only:

Membership No.: _____

Date of Registration: _____

Membership Approved by: _____