KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) IABDUL SAMED SHARIHAN accept the conditions of admission to to abide by the Institute's rules, regulations and any other conditions which may be made from time to time. **Student's Full Address** C/O FIRST BAPTIST SCHOOL P.O. BOX 389 **OBUASI ASHANTI P.O. BOX 389** Ghana Date: **Signature:** **SECTION B" TO BE COMPLETED BY PARENT/GUARDIAN** I have read the rules, regulations and conditions regarding my ward's admission and I agree that he/she should be enrolled at Kumasi Technical Institute on the basis of what I have read. **ABDUL SAMED SHAIBU** Name: **Address:** C/O FIRST BAPTIST SCHOOL, BOX 389, OBUASI **OBUASI** OBUASI ASHANTI NN/36/B, OBUASI Ghana Telephone/Mobile No: 0244366907 **Email:** Signature:....

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.