KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)

Student's Full Address	
P.O BOX 8286	
AHINSAN-KUMASI	
ATONSU-CHIRAPATRE ASHANTI Ak-	
502-7795	
Sibanare:	Date:

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.

Name: SAMPSON FRIMPONG

Address: P.O BOX 8286 AHINSAN-KUMASI ATONSU-CHIRAPATRE ASHANTI Ak-502-7795 Ghana

Telephone/Mobile No: 0244762486

Email: lamarkendric649@gmail.com

Signature:..... Date:

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