KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) to abide by the Institute's rules, regulations and any other conditions which may be made from time to time. **Student's Full Address** P.O.BOX 19, JACOBU **OFORIKROM** KUMASI ASHANTI REGION AV-0004-9415 Sibratore: 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. ABRAHAM GYESI QUAINOO Name: **Address:** P.O.BOX 19, JACOBU OFORIKROM **KUMASI ASHANTI REGION AV-0004-9715** Ghana Telephone/Mobile No: 0548412700 Email: festusquainoo@gmail.com Signature:....

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