KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I AYESIYINGA DENNIS accept the conditions of admission to

Student's Full Address	
P O BOX CH132	
CHIREPATRE	
CHIREPATRE ASHANTI AT23023340	
Ghana	
Signature:	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: OLIVER AYESIYINGA

Address: P O BOX CH 123 CHIREPATRE CHIREPATRE ASHANTI AT23023340 Ghana

Telephone/Mobile No: 0247306642

Email:

Signature:..... Date: ...

Date:

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