Brainy Kids Academy

P.O.Box WJ 38 Weija Accra
Telephone:024376770
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Application

Name

First name …….....

given name: .....……..

Birthday: …….. age: …… years

Father: …….

Mother: ……

Address

Telephone: ……

P.O. Box: …….

Date of entry: …….

Treaty

I agree with my daughter’s/son’s attending the school.

Fees: ……..…… GHS – paid by the end of September and of February every year.

Signatures:

Father/Mother:

School:

Date: ……..