



Write your name
on the back of
your passport
picture and
staple it here.

MUSIC SOLUTIONS SCHOOL
Application for Admission Form

NAME: _____
Surname First Middle

EMAIL ADDRESS: _____

APPLICATION CHECK LIST

After completing your application, use the following check list to ensure that your application is complete. Please note that you will not be considered for admission if you submit an incomplete application.

When submitting your completed application, make sure it contains all of the following. Put a check in the box next to the listed item only if you have included it in your submission packet:

- Completed AND signed Application Form
- Official result slips or certificate of the final examinations you have completed
- 1 Passport photograph with your name written on the back

PLEASE RETURN THIS APPLICATION

IN-PERSON TO:

Music Solutions School

Sakumono Estates

Opposite Fountain Head Christian School (Near Jubail Hospital)

For questions on the status of your submitted application, contact us on:

+233 303 400 435

Email: info@musicsolutionsschool.com

PERSONAL INFORMATION

DATE OF BIRTH: _____ MALE FEMALE
Day/Month/Year

COUNTRY OF CITIZENSHIP: _____

1. PASSPORT NUMBER: _____ EXPIRY DATE: _____ OR
Day/Month/Year

2. VOTERS ID NUMBER: _____ OR

3. NATIONAL ID NUMBER: _____

WHERE DO YOU LIVE?

PHYSICAL/STREET ADDRESS: _____

City State/Region Country

POSTAL ADDRESS: _____

PHONE NUMBER(S): _____ Primary Alternative

I LIVE WITH MY PARENT(S)/GUARDIAN(S) I LIVE BY MYSELF

DESIRED COURSE: PIANO GUITAR VOCAL TECHNIQUE
 STUDIO PRODUCTION LIVE SOUND CHURCH TECHNICIAN
 SPECIALIST COURSE

Have you ever applied to Music Solutions School? NO YES (Indicate year)

FAMILY INFORMATION

Please provide the following information on your parent(s) or legal guardians(s).

NAME: _____
Surname First Middle Initial

NAME: _____
Surname First Middle Initial

Is he/she alive? YES NO

Is he/she alive? YES NO

RELATIONSHIP TO YOU: _____

RELATIONSHIP TO YOU: _____

LEVEL OF EDUCATION: _____

LEVEL OF EDUCATION: _____

PHONE: _____

PHONE: _____

EMPLOYER: _____

EMPLOYER: _____

JOB TITLE: _____
Be specific. Please do not write businessman/woman

JOB TITLE: _____
Be specific. Please do not write businessman/woman

Have any of your siblings gained admission to Music Solutions School? NO YES
 In the box below, please fill out the information for any siblings that have been admitted to Music Solutions school.

Full Name	How are related	Year of admission to Music Solutions

SPONSOR INFORMATION *(Only for applicants being sponsored by an organisation)*

NAME OF ORGANISATION: _____

CONTACT PERSON: _____
Full name of contact person

_____ *Title of contact person*

_____ *Email for contact person* _____ *Phone number for contact person*

DURATION OF SPONSORSHIP (YEARS): _____ AMOUNT PER YEAR GH¢: _____

ACADEMIC HISTORY

Complete the section below with your qualifications and attach official transcripts, results slips or certificate where appropriate.

List any universities (maximum of two) you have attended, most recent first:

	Most recent high school	Previous high school
Name		
Private	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Town		
Region		
Country		
Enrollment Period	From: _____ To: _____ (month/year) (month/year)	From _____ To: _____ (month/year) (month/year)
Area of Study (major)		

Provide the name and contact details of the registrar at each of the institution listed above:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

List Senior high schools (maximum of two) you have attended, most recent first:

	Most recent high school	Previous high school
Name		
Private	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Town		
Region		
Country		
Enrollment Period	From: _____ To: _____ (month/year) (month/year)	From _____ To: _____ (month/year) (month/year)
Area of Study (major)		

Provide the name and contact details of the Head Master or Principal at each of the institutions listed above:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

List basic schools (primary and junior high, maximum of two) you have attended, most recent first:

	Most recent high school	Previous high school
Name		
Private	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Town		
Region		
Country		
Enrollment Period	From: _____ To: _____ (month/year) (month/year)	From _____ To: _____ (month/year) (month/year)
Area of Study (major)		

Provide the name and contact details of the Head Teacher at each of the schools listed above:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

Describe any scholastic distinctions or honours you have won in the space below:

EXTRACURRICULAR ACTIVITIES & INTERESTS

List your hobbies, clubs, extracurricular activities and community service below. You may include specific events and/or major accomplishments such as prizes won, athletic awards earned and certificates of recognition if applicable.

Activity	From (month, year)	To (month, year)	Add any positions held, honours won, certificates received, etc.

WORK EXPERIENCE

List any job(s) you have held in the past three years (paid, voluntary, family and unpaid employment):

Specific nature of work	Employer	Employment Period	
		From (month, year)	To (month, year)



CAREER ASPIRATIONS

What career do you hope to pursue?

By signing this application, I certify that all of the information is true to the best of my knowledge. I also understand that this information and my school records may be used by Music Solutions for evaluation and other program purposes. All information will be kept in strict confidence and will not be released in any way that would permit individual identification.

Any false misrepresentation of information on my application will result in a rejection of my application or my dismissal from Music Solutions School if this is determined after I have been admitted.

APPLICANT'S SIGNATURE:

DATE:

APPLICANT'S NAME:

Tel: 0267 991 630 / 0546 703 636 / 0244 843 666

[www.facebook.com/Musics Solutions School](http://www.facebook.com/MusicsSolutionsSchool)

Email: info@musicssolutionschool.com

www.musicssolutionschool.com

Sakumono Estates - Opposite Fountainhead Christian School (near Jubail Hospital)