

# AMO MODEL SCHOOL PROGRAMME

## REGISTRATION FORMS



1. Name of School \_\_\_\_\_  
\_\_\_\_\_

2. Postal Address \_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number \_\_\_\_\_ EMail \_\_\_\_\_

4. Location of School \_\_\_\_\_

5. Head Teacher's Name \_\_\_\_\_  
Address (if different from No. 2 above) \_\_\_\_\_

Phone Number \_\_\_\_\_ EMail Address \_\_\_\_\_

6. Number of Pupils on Roll \_\_\_\_\_

7. I / We \_\_\_\_\_

hereby fully accept from this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ to subscribe to AMO Model School Programme and pledge to comply with and be committed to its requirements.

8. Representative 1 (Head/Assistant)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

9. Representative 2 (PTA/SMC)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(By signing this form you agree that you have thoroughly read, understood and accepted to comply with the provisions of this document)*

### FOR OFFICE USE ONLY

NAME OF AMO PERSONNEL \_\_\_\_\_

POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_