



REGISTRATION FORM

JANUARY/FEBRUARY 2027

**WASSCE FOR PRIVATE CANDIDATES
FIRST SERIES (PC1)**

PASSPORT
PHOTOGRAPH
(to be taking on
the school)

SCHOOL CONTACT INFORMATION



024 428 3606



Kintampo,
Bono East Region



info@expert.edu.gh



www.expert.edu.gh



A. CANDIDATE PERSONAL DETAILS

Surname			
First Name			
Other Name(s)			
Date of Birth	(DD/MM/YYYY)	Gender	Male ☐ Female ☐
Email Address			
Phone Number			
Disability Status	None ☐ Yes ☐ (If yes, specify): _____		



B. SUBJECTS TO BE REGISTERED

B1. CORE SUBJECTS – TICK EACH

TICK (✓)

B2. ELECTIVE SUBJECTS

Write the names of the electives you want to register.

1	ENGLISH LANGUAGE	☐	1	
2	MATHEMATICS (CORE)	☐	2	
3	INTEGRATED SCIENCE	☐	3	
4	SOCIAL STUDIES	☐	4	



C. GUARANTOR INFORMATION

Guarantor Name	
Phone Number	
Address	



D. BANK PAYMENT OF FEES

Name of Bank:	National Investment Bank (NIB)
Account Namer:	EXPERT COLLEGE, KINTAMPO
Account Number:	1125106303301
Branch:	KINTAMPO BRANCH

Pay all fees at any NIB branch and submit the receipt to the Accounts Office for registration using the above details.



E. CANDIDATE DECLARATION

I confirm that the information provided in this form is true and correct to the best of my knowledge. I understand that any false information may lead to the rejection of my registration.

Candidate's Signature: _____ Date: ____ / ____ / 2027



F. FOR OFFICIAL USE ONLY

Form Received By:		Signature:		Date: ____ / ____ / 2027
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