



APPLICATION FORM (Lower Secondary)

Year 7 Year 8 Year 9

(Kindly tick specification)

Application submission Date: _____

Date of commencement: _____

Full Name of student: _____

Date of Birth: _____ Current age _____ years

Mother Tongue: _____ Religion: _____

Second Language: _____ Third Language: _____

Place of Birth: _____ Nationality: _____

Number of siblings _____

Previous Schools (Please attach copies of reports for 2 terms): _____

Does your child have a special need (language; motor skills; etc.)?

No/ yes

If yes, which need(s)?* _____

***Please take note that if the school should discover the need for support later, or the need for support was not mentioned beforehand, the school would reserve the right to re-examine the child's eligibility for school enrolment.**



Does your child suffer from any allergies? No / Yes

If yes, which allergies? _____

Does your child have any chronic diseases? No / Yes

If yes, which diseases? _____

Full Name of Parents or Guardian (responsible for student's education)

Mother _____

Profession _____

Mobile _____ Tel. private _____

Office _____ E-Mail _____

Education

Pre Tertiary _____ Tertiary _____ Post Tertiary _____

Father _____

Profession _____

Mobile _____ Tel. private _____

Office _____ E-Mail _____

Education

Pre Tertiary _____ Tertiary _____ Post Tertiary _____

Postal address Ghana _____

Residential address _____



People authorized to pick your children

1. _____

2. _____

People to call in case of emergency (please list two people who are not parents of the child)

Child's Physician _____ Phone No. _____

Emergency Hospital preference _____

Hospital Address _____

Kindy attach:

- A copy of child's birth certificate
- A copy of child's previous 2 terms report