APPLICATION FORM (PRESCHOOL)

Creche (3 months up till 2 years)_____Nursery (2 years) _____Kindergarten (until 6 year) _____
(Kindly tick specification)

Application submission Date: _____

Date of commencement: _____

Full Name of pupil: _____

Date of Birth: _____ Current age _____years

Mother Tongue: _____ Religion: _____

Second Language: _____ Third Language: _____

Place of Birth: _____ Nationality: _____

Number of siblings _____

Previous School (**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.

Community 25, the Greens
Estate, New Dawhenya
P.O.Box CS 9132, Tema
+233 557 322 212
cedarchristiansch@gmail.com
cedarchristianschool

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 _____

Community 25, the Greens
Estate, New Dawhenya
P.O.Box CS 9132, Tema
+233 557 322 212
cedarchristiansch@gmail.com
cedarchristianschool

People authorized to pick your child

1. _____

2. _____

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

1. _____

2. _____

Child's Physician _____ Phone No. _____

Emergency Hospital preference _____

Hospital Address _____

_____ _____ _____

(Parent Name) (Signature) (Date)

Kindly attach:

- ***Copies of previous school's reports for two (2) terms***
- ***A copy of the child's birth certificate***
- ***A copy of child's immunization records***

Community 25, the Greens
Estate, New Dawhenya
P.O.Box CS 9132, Tema
+233 557 322 212
cedarchristiansch@gmail.com
cedarchristianschool