



P. Box KD 200 Kanda

Telephone: 0243013092 0268154791

APPLICATION FORM

Name of Child _____

Surname

First Name

Other Names

Date of Birth: _____ **Age** _____

Gender: Male/ Female **Nationality** _____ **Religion** _____

Father:

Surname

First Name

Profession

Residential Address

Telephone contacts

Mother:

Surname

First Name

Profession

Residential Address

Telephone contacts

Schools Your Child Has Attended

School

School

Dates Attended

Dates Attended

Location/Telephone #

Location/Telephone

Describe your child's interests: _____

Does your child have any allergies or medical conditions?

Does your child have any developmental challenges?

If yes, kindly state the issues and indicate if the child is undergoing any treatment or therapy. **Failure to disclose will absolve the school of any liabilities resulting from the condition.**

How did you hear about us:

Guardian Name and

Signature_____Date_____

Note: This form needs to be completed and submitted with the following:

- **Passport photo of child**
- **Copy of birth certificate**
- **Copy of Health Insurance card**
- **Weighing Record Card (for pre-schoolers)**
- **Admission Fee – GHC500**