Stick Pupil's Passport Size Photo Here

CHOSEN KIDDIES INTERNATIONAL SCHOOL P.O.BOX TB254, TAIFA-BOURKINA, ACCRA TEL.
0243780697/0200143820 [GPS ADDRESS: GE-247-8719]

School Admission Form

[To be filled in capital letter

- **LEARNER'S PROFILE:**

Name of Pupil:

.... Surname First Name Other Name(s)

Date of Birth: ..... Place of Birth: .....

Home Town: ..... Region: .....

Nationality: ..... Sex: .....

Skill or talent of the child: .....Medical history of the child: .....

.....

.....

Name of last school attended (if any): .....

What class / stage was the child in: .....".....

Religion: ..... Denomination: .....

Language (s) spoken: 1. ..... 2. ..... 3. .....

- **PARENTS' DETAILS**

Father's Name: ..... Occupation: .....

Qualification:..... Residential Address: .....

Postal Address: ..... Tel. NO(s): .....

Mother's Name: ..... Occupation: .....

Qualification: ..... Residential Address: ..... Postal Address: ..... GPS: ..... Tel. NO(s): .....

Admission Form

- **LEARNER'S PROFILE II**

i. **Does the child stay with both parents? YES / NO**

If NO, provide name, address and contact(s) of guardian or foster parent:

Guardian / Foster Parent's Name	
Residential Address/ GPS	
Postal Address	
Hometown	
Occupation	
Workplace	
Mobile Phone	
Email	

i. Has your child previously attended Crèche, Nursery or KG? YES / NO

Previous crèche/ nursery/KG	

i. **Child release Authorization**

The following people are allowed to pick my child:

1.
2.
3.
Parent or Guardian's Signature: …… Date: ……..

Emergency Contact(s)

Please, list other persons we can contact in case of emergency or medical attention for your child when you are not available or cannot be reached.

	Name	Mobile Number
First Person		
Second Person		
Third Person		

Parent's or Guardian's Signature: …….

Date: ……..

. The child' General Health Condition

1. Are your child's immunisations up to date? YES / NO (please, attach a copy of immunisations that include the signature of a nurse or a doctor who administered medications).
2. Does your child have any allergies? YES / NO. If yes, please, state them

……
……

3. Does your child have any medical conditions we should be made aware of? If yes, state them.……
……..

About Your Child

What is your normal method of discipline? What is your child's temperament? Is he/she the easy going type, hard to please, demanding, aggressive etc.? Are there any food restrictions	

Has the child any siblings? Please, name them and specify ages, gender and whether they are in **Chosen Kiddies International School.**

Name……..…Age……..……Gender……..

In Chosen Kiddies?……

Name……..……Age……Gender……

In Chosen Kiddies?…….

Name...……..……..Age……..…..Gender……

In Chosen Kiddies? ……..

What is your child's favourite? Activities, toys, books or games?

……
…….

Any further important information about your ward? ..……

……
……
……

Declaration

As a parent, I promise to follow all rules, regulations and instructions of the school given in the calendar to pay fees regularly as per instructions of the school. I have not hidden any information about me or my child. Should the school find out that I hid or gave false information about myself or my ward, I shall bear all consequences that may follow. I am aware that, once I pay school fees, it is not refundable.

I shall co-operate with the school to make sure that my ward's homework and activities are done promptly.

……. ……..

Parent / Guardian's Signature Date

For Office Use Only

Date of Admission……Class/Stage Desired……..

Class / Stage Admitted to.……. Authorised Person……..……

Admission Number…… Receipt Number……..

Remarks of Authorised Officer……...

……
……
……

…….. …… ……. ……

Headmaster. Director Date

GPS: GE-247-8719 **info@chosenkiddiesintschool.com**