



ADENTA, ACCRA

0208154329 / 0203315303

Please attach a recent photograph of the student

STUDENT APPLICATION

Please complete all sections of this form, sign it and submit it with the child's vaccination records, recent passport-size photograph. Use the check on the last page as a reminder.

A. PARENT / GUARDIAN INFORMATION

Name of applicant.....

Postal address.....

Relationship to the child.....

Occupation.....

B. CHILD INFORMATION

Child's First name.....

Childs middle name.....

Child's Surname.....

Date of birth (D/MM/Year).....

Nationality.....Gender M/F

C. FAMILY INFORMATION

Father's name.....occupation.....

Mother's name.....occupation.....

Marital status.....

E. MEDICAL INFORMATION

Does your child have normal good health?.....if not please specify.....

.....

Is he / she eyesight and hearing normal?.....if not please specify.....

.....

Is your child currently on medication? If so please specify.....

.....

Does he/she suffer from any current medical condition that the school management ought to know about?

.....

Does he/she have medical history that the school management ought to know about? (Failure to disclose such information could lead to the child's withdrawal from REGALO INTERNATIONAL ACADEMY)

.....

Has your child got any special behavior patterns that the school management ought to know about?

.....

For school only: is your child fully toilet-trained? (tick one of these options)

Yes Not quite May need assistance No

Medical agreement: in case of emergency, I agree that medical attention should be sought, but that every effort to contact the applicant or the next of kin be made at that time.

Signature..... Date.....

Postal address.....

Residential address.....

Tel no work..... Home.....

Mother's mobile.....Email address.....

Father's mobile.....Email address.....

Who is the child living with.....

How many siblings does the child have.....Please list their names and ages

1.....() 3.....()

2.....() 4.....()

In case of emergency, who should we contact apart from the applicant?

Name.....

Relationship to the child.....tel no.....

D. EDUCATIONAL INFORMATION

Give name and address of the last two schools attended by the child

1.....

2.....

3. Which class has your child recently completed?.....

4. To which class is admission being sought?.....

5. If your child has been in another school, what is this reason for the transfer to REGALO INTERNATIONAL ACADEMY?

.....

6. How well can your child.....

-understand English? (Tick one) very well quite well not at all

-speak English? (Tick one) very well quite well not at all

What language(s) is spoken.....home.....

Who will pay the child's school fees? (tick one) father.....other.....

Occupation.....tel.....

F. MISCELLANEOUS

What means of transportation do you intend to use to bring your child to school?

(tick) school bus.....private car.....taxi.....bicycle.....trotro.....walking.....

How did you hear of REGALO INTERNATIONAL ACADEMY (please mention names(s) if applicable)

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.....
.....

What made you to decide to apply to REGALO INTERNATIONAL ACADEMY?

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.....

What are some of the expectations for your child's education that you hope to see fulfilled through REGALO INTERNATIONAL ACADEMY?

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Comments.....

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Signature of applicant
.....
Date of form submission
.....

Application check list
.....complete form (all items)
.....child's recent photograph
.....vaccination card (to be returned)
.....photocopy of passport(non
Ghanaians only)