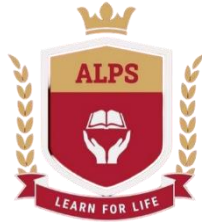


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ALLSWELL PREMIER SCHOOL

TEL: +233 020 191 9617/ or +233 55 999 7979



Attach a
passportsize
photograph of your
ward, here.

ADDRESS: GN-0258-4980

Email Address: alpsedugh@gmail.com

LOCATION: SAVANNAH RD., PS. GLOBAL EST., NEAR ROYAL PALM ESTS., C. 26, Tema.

ADMISSION FORM

CHILD'S NAME:

.....

Family Last Name

1st Given Name

Middle Name

BIRTH DATE:

SEX:

BIRTH PLACE:

Town

Region

Country

FATHER'S NAME:

OCCUPATION: PLACE OF EMPLOYMENT: RELIGION:

POSTAL ADDRESS: BUSINESS PHONE #:

HOUSE ADDRESS: RESIDENTIAL TEL #:

MOTHER'S NAME:

OCCUPATION: PLACE OF EMPLOYMENT:

POSTAL ADDRESS: MOTHER'S TEL #:

ARE BOTH PARENTS ALIVE? YES ☐ NO ☐ LIVING TOGETHER: YES ☐ NO ☐ SEPARATED: YES ☐ NO ☐ DIVORCED: YES ☐ NO ☐

NATIONALITY: CHILD: FATHER: MOTHER:

WHAT LANGUAGE IS SPOKEN AT HOME? WHAT OTHER LANGUAGE(S) CAN THE CHILD SPEAK?

WHO IS RESPONSIBLE FOR PAYMENT OF FEES? PARENT/GUARDIAN: HOUSE TEL #:

NAME OF GUARDIAN IF ANY: EMPLOYER: PREVIOUS SCHOOL:

POSTAL ADDRESS: RESIDENTIAL TEL. #: PREVIOUS SCHOOL TEL.#:

BUSINESS TEL #: HOUSE ADDRESS: DATE OF ADMISSION(PREVIOUS SCHOOL):

HEALTH RECORDS

DOES THE CHILD HAVE ANY HEALTH CONDITION? YES ☐ NO ☐ IF YES, SPECIFY:

EYE SIGHT PROBLEMS? YES ☐ NO ☐ HEARING PROBLEMS? YES ☐ NO ☐

I AGREE TO ABIDE BY THE SCHOOL'S RULES & REGULATIONS AS STATED IN THE SCHOOL PROSPECTUS.

DATE: SIGNATURE: E-mail:

Take note: Any medical expenses for first aid treatment of injuries will be borne solely by the school. On the other hand, ailments originating from home or those that occur during lesson hours, which require immediate medical attention, will be reimbursed by the parents to the school.

OFFICIAL USE ONLY

DATE RECEIVED:

REGISTRATION FEE:

ADMISSION #:

REMARKS:

DATE OF ADMISSION (Previous School):

DATE LEFT:

SIGNATURE:

DATE ADMISSION REQUIRED:

Please, note that the admission of your child will be strictly based on his/her performance after an assessment