

EXQUISITE INTERNATIONAL SCHOOL

EXCELLENCE, INTEGRITY & SERVICE

ADMISSION FORM

i PRIMARY DEPARTMENT

(TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN)

Affix photo of
child here

For office use only



Admission Date: _____
Admission No. _____
Class: _____

Location: Burma Hills, Accra

Mob. 0551 333 333 / 057777666

Address: P. O. Box CT 4972, Cantonments - Accra.

DIGITAL ADDRESS: GL-09 55 242

Email: Info@eis.edu.gh

Website: www.ebl.edu.gh

OUR VISION

To carefully, beautifully and academically groom and train pupils from diverse cultures and achieve the ultimate goal of becoming a leading educational institution.

Our Mission

Our resolve is to attain academic excellence, unquestionable integrity, serve mankind and inculcate good moral values and ethics, thus making our pupils exceptional global citizens.

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HEALTH FORM

Name of child:			
Date of birth:		Weight at birth:	
Present weight		Height:	Blood group:
Tel. No. of parents:			
Residential Address:			

Please provide any specific medical information, if any

Medical Doctor's Information:

Name: _____

Name of Hospital/Clinic: _____

Tel. No. _____

Signature: _____ Date & Stamp: _____

Signature of Parent/Guardian: _____

POLICY ON HEALTH

- Pupils found to be unwell should be made to receive medical attention and should only be brought to school when they recover.
- The medical form must be filled and signed by a recognised medical doctor
- All serious medical conditions like sickle cell, anaemia, allergies, asthma, etc. must be clearly stated.
- Children with contagious or infectious illnesses like chicken pox, mumps, etc. would have to stay at home for it to clear completely.
- Health records should be updated regularly (annually).
- It is important for parents to inform the school in writing of any serious medical condition of a child where medication should be taken and where there is the need for special attention.

IN CASE OF EMERGENCY

- I consent to my child(ren) being given first aid or sent to the hospital in case of an emergency or accident, and the parent duly informed.
- I undertake to be responsible for any action taken on my behalf in such emergency circumstances.
- By signing this agreement I so indicate that I understand and agree to these basic principles.

I....., hereby agree to all the policies on health and also agree to the conditions above.

Signature.....

Date.....

Head of School.....

Date:.....

Felicity Cudjoe

B. FAMILY INFORMATION

Father / Guardian

Name:	Nationality
Profession:	Office Address:
Occupation:	
Institution:	
Designation:	Tel.:

Mother

Name:	Nationality
Profession:	Office Address:
Occupation:	
Institution:	
Designation:	Tel.:

Single Parent: Select where applicable. If child is sponsored, please provide sponsor's name, contact and address

Father <input type="checkbox"/>	Mother <input type="checkbox"/>
Name:	Name:
Phone No.:	Phone No.:
Office Address:	Office Address:

Details of younger siblings

Name	Ages	Current Schools

Does your child have any ailment(s), including any allergy that the school should be aware of? If yes, please specify.

C. DETAILS OF PREVIOUS PLACES OF STUDY (IF APPLICABLE)

List hobbies, musical abilities or other interest	

Awards won so far in sports, arts, or academic (where applicable)

Duration of stay in Ghana (if a foreign national)

D. ENCLOSURES

☐

Birth Certificate (Photocopy)

☐

2 passport size photos of child

☐

Health Monitoring Form (Photocopy)

☐

Current medical report

☐

Copy of previous school reports/transcript/report card

☐

Copies of any previous report(s) of special needs, learning disabilities, psychiatric challenges, counselling or notable social issues

☐

Photocopies of passport/resident permit (where applicable)

E. MISCELLANEOUS

Billing information

All financial responsibilities for child will be borne by: _____

Billing contact address: _____

Tel No.: _____

DECLARATION

I/we _____ have the authority to request for

admission for my/our child/ward, _____ into Exquisite

International School as the parent(s), legal guardian. I/We undertake the responsibility of providing any evidence needed to support the information on this application form if necessary. I/we declare that the information provided in this application form is correct to my knowledge and if found otherwise, I shall abide by the decision of Management. I/we agree to abide by the rules, regulations and the fee structure of the school.

Date

Signature of Parent/Guardian

(FOR OFFICE USE ONLY)

Date forms were submitted:

Signature of Head of school
(Felicity Cudjoe)

