

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

Name:
Phone No.:
Office Address:

Mother

Name:
Phone No.:
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.

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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)

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Duration of stay in Ghana (if a foreign national)

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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)

