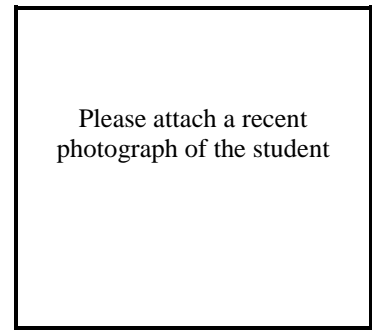


Beacon School

Box AR 105
Aburi, E/R
Ghana

050 145 4327 / 0207495855



STUDENT APPLICATION FORM

Please complete all sections of this form, sign it and submit it with the child's vaccination records, a recent passport-sized photograph and a testimonial from your child's previous school. If your child is over 6 years, please add their cumulative record from their previous school. Use the check list on the last page as a reminder. Children over 6 years of age will be assessed as part of the application process. Please call us before submission of the form.

A. PARENT/GUARDIAN INFORMATION

Name of applicant(s) (*Mr, Mrs, Rev, Dr, Miss, Nana*).....

Postal address:

Relationship to child Tel. nr.

B. CHILD INFORMATION

Child's surname

Other names Age

Name to be called in school (*not full name*)

Name to be used on official documents

Date of Birth /..... /..... Nationality Gender M / F

C. FAMILY INFORMATION

Father's name

Father's Occupation

Company/Organization Location

Mother's Name

Mother's Occupation

Company/Organization Location

Marital status

Postal address

Residential address

Tel nr: work home.....

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

Father's mobile nr (s) Email address

Who is the child currently 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 parent / guardian?

Name

Relationship to child Tel nr.

D. EDUCATIONAL INFORMATION

Give name and location of the last two schools attended by your child

1.

2.

Which class has your child recently completed?

To which class is admission being sought?

When do you want your child to start Beacon School?

If your child has been in another school, what is the reason for this transfer to Beacon School?

.....

How well can your child:

- understand English? (*tick one*) Very well__ Quite well__ Just a little__ Not at all__

- speak English? (*tick one*) Very well__ Quite well__ Just a little__ Not at all__

What language(s) is spoken at home?

Has your child ever been suspended, expelled, or withdrawn from any school?Yes / No.

If yes, please explain the circumstances that led to it.....

.....

Who will pay the child's school fees? (*tick one*) Father... Mother... Guardian Other

Occupation Tel

E. MEDICAL INFORMATION

Does your child have normal good health? If not, please specify

.....

Is his/her eyesight and hearing normal? If not, please specify

.....

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

.....

Does s/he suffer from any current medical condition that the School Management ought to know about?
.....

Does s/he have a medical history that the School Management ought to know about? (Failure to disclose such information could lead to the child's withdrawal from Beacon School).
.....

.....

Has your child got any special behaviour patterns that the School Management ought to know about?
.....

.....

***** For pre-school only:** Is your child fully toilet-trained? (please tick one of these four options)
Yes Not quite..... May need assistance Not at all.....

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//

F. MISCELLANEOUS

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

(tick) school bus ___ private car ___ taxi ___ tro-tro ___ bicycle ___ walking ___

How did you hear of Beacon School? (please mention name(s) if applicable)

.....
.....

What made you decide to apply to Beacon School?

.....
.....
.....

What are some of your expectations for your child's education that you hope to see fulfilled through Beacon School?

.....
.....
.....
.....

Other Comments

.....
.....

Signature of applicant
Date of form submission

Application Check List:
- Completed form (all items)
- Child's birth certificate & recent photograph
- Vaccination card (to be returned)
- Testimonial & Cumulative Record (primary sch. pupils only)
- Photocopy of Passport (non-Ghanaians only)