

MY REDEEMER SCHOOL

(Early Childhood Development Centre / Primary & Junior High School)



TAG LINE: Holistic Education

ADMISSION

WEBSITE: www.myredeemerschool.com, EMAIL:

P. O. BOX OF 476, OFANKOR - ACCRA
(SOWUTUOM, JIGGA JUNCTION)
TEL: 0265295013, 0572309721

Founder: Margaret Amankwah

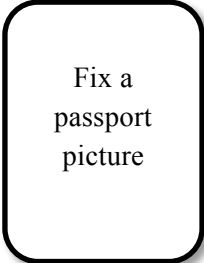
DATE:.....

PROPRIETRESS:

APPLICANT PERSONAL DATA

Child's Name in Full

.....
 Surname Middle Name (If Any) First Name
Nationality (Child) Date of Birth Class



Gender
 Male
 Female
Both Parents Are (Please Tick Where Necessary)
 Living Together Separated
 Divorced

Mother (Please tick where necessary)

Alive Deceased Unknown

Father

Alive Deceased Unknown

Who is the child living with?

Both Parents Father Mother

Guardian Alone

Language(s) spoken:

Who pays child's school fees?

Mr Mrs. Dr Prof.

Address:

..... Email:.....

Phone No:(s) Relationship to Applicant:

.....

I wish that my child/ward is **allowed/not allowed** to come home by him/herself anytime school is in recess.

MEDICAL INFORMATION

Applicant has normal:

Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no please specify,
Eye sight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no please specify,
Hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no please specify,
Speech	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No Please Specify,
Leg	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no please specify,

Sickle cell

Blood group

Chronic skin or other illness including allergies.....

Has applicant been fully immunized? Yes No

SCHOOL(S) ATTENDED TO DATE:

SCHOOLS	DATE OF ADMISSION	Class / Form		DATE OF LAST ATTENDANCE	
		From	To	From	To

Please attach to the admission form the photocopy of applicant’s Birth Certificate. A copy of his/her cumulative records and report/transcript.

FAMILY DATA

FATHER

Name:
(Surname) Middle Name First Name (if any)

Address:

Residential Address:

Nationality:Hometown:

Occupation: Religion:

Education:

Telephone (s):Email
:.....

MOTHER

Name:
(Surname) Middle Name First Name

Address:

Residential Address.....

Nationality:Hometown:

Education:

Occupation: Religion.....

Telephone No(s):Email:.....

GUARDIAN

Name:

.....
(Surname) Middle Name First Name

Address:

Residential Address.....

Nationality:Hometown:

Education:

Occupation:Religion.....

Relationship to Pupil:

Date on Which Guardianship Began:

Telephone No(s):Email:.....

UNDERTAKING

I accept admission for my ward in My Redeemer School on the following conditions:

1. That I have read the school's forms and I understood the content:
2. That I will pay school fees promptly:
3. That the school reserves the right to repeat or withdraw my child for non performance.
4. That my ward shall abide by the rules and regulations of the school. Failure of which he/she shall submit to any disciplinary action the school deems fit.
5. The school does not administer any drug apart from basic first Aid.
6. Parents of Pre-School are to report termly with 1 pack of toilet roll, 2 toilet soaps and two savlon and from primary one to primary three are to report with two T. Rolls every term.

Notice:

Parents are to note that fees paid are not refundable. Parents are to give a term's notice in case of withdrawal or pay a term's fee in lieu of notice.

FEES POLICY: Within a week of re-opening, half payment of fees if not all must be made, and rest completely paid by the end of the second month in school.

Name:Signature..... Date:

OFFICIAL USE ONLY

Date:.....Record
.....

Class in which child is admitted
into:.....

Remarks:.....

Date of admission..... Admission number
.....

Head teacher:..... Signature:..... Date: