



Affix Photograph

ANGELS SPECIALIST SCHOOL INTERNATIONAL

P. O. Box CE 12222 Community 11, Tema
 Telephone: 0302-958-444/0303-310141
 Website: www.angelschool.com
 Email: info@angelschool.com



each child at a time

APPLICATION FORM

Date of Registration _____

Name of Child : _____ Grade Applied for: _____
 Legal Surname First Middle

Address _____ Home Phone _____

Sex: M _____ F _____ Date of Birth (mm/dd/yyyy) _____/_____/_____

Ethnic Background (Nationality): Ghanaian Others (please state) _____ Religious Background: _____

Has the child ever been in a Special Education Program?
 Yes No If, so, when? _____, where? _____ type of program _____

Have you identified any special or outstanding talent in your child? Eg. Playing of any instrument, singing, arts, etc. Yes No If yes, which? _____

Have you identified your child to be extraordinarily good in any academic subject? Eg. Maths, Science, Reading or Oratory. Yes No If yes, which? _____

Residential Address _____ which Community _____ email address _____

Postal Address _____

Is the child currently under suspension or facing expulsion from any school? Yes No If yes, state reason _____

Last School Attended _____ Phone Number: _____

Address _____ Grade Completed _____

FAMILY INFORMATION

Religious Background **Living** **Occupation** **Place of Work** **Work and Cell Phone, Email Address**
 (This will be the primary number/email for future correspondence)

	Yes	No			
Name of Father					
Name of Mother					
Guardian / Step parent					

Child currently living with: _____

How did you get to know about the Angels School? (If you were recommended by another family, please let us know who so we could appreciate them)

1. What is the language that the child first acquired? _____
2. What is the language most often spoken by the child ? _____
3. What is the primary language used in the home regardless of the language spoken by the child? _____
4. Which language would you prefer to be used for communication with the school? _____ (written) _____ (spoken)

5. Is the child physically strong to undertake any physical exercise? Yes No If no, state type of sickness with medical report _____

Financial Obligation

1. Admission is recognized when payment of school fees, registration and facility fees is either made in full or in part.
2. 100% (Full Payment) of the subsequent terms fees must be made ON or BEFORE the day of re-opening of school.
3. Pupils/students who will be put on foreign billing, upon admission, cannot switch to local billing once they start with the foreign billing.
4. If by the middle of the term a pupil/student has not reported for school as a result of non-payment of fees he/she will be considered withdrawn and as such he/she will be taken off the record.
5. Payment of school fees is strictly made into the school's account number **131018502717** at The Cal Bank and the slip brought back to the account office for receipt.
6. Parents whose cheques are dishonoured once will lose the privilege of issuing cheques in payment of fees. The dishonoured cheque attracts 10% of its face value.
7. Admission-related fees and cost of application form once paid are not refundable.
8. Tuition fees once paid are not refundable after resumption of school.

Applicants are requested to supply the following:

- | | | |
|--|---|---|
| Pre-School (Nursery to Kindergarten) | - | 2 passport size photographs and copies of birth and immunization certificates. |
| Lower Primary (Grade 1 to 3) | - | 2 passport size photographs and a copy of transcript/cumulative record from the last school attended. |
| Upper Primary-Junior High (grade 4 to 8) | - | 2 passport size photographs and transcript/cumulative record from the last school attended. |

Please return the completed application form, supporting materials, and the non-refundable application fee to the administration.

Parent Questionnaire

The Angels Specialist School recognizes that parents have unique knowledge of their children. We value the unique insights of parents as we seek to identify families who will succeed in our school.

We look for students who are curious, intellectually motivated, caring and have demonstrated academic success and social responsibility. We expect parents to be role models in these areas.

We welcome for families who are supportive of these ideals and will acknowledge this responsibility to contribute to our community through volunteering and other involvement.

Please answer the following questions honestly as they are valuable to our process.

Will you be committed to attend all school programmes including:

- a. Parent-Teacher Conference. Yes No if No, state reason _____
- b. Speech and prize-giving ceremonies. Yes No if No, state reason _____
- c. Open-houses. Yes No if No, state reason _____
- d. Family gathering. Yes No if No, state reason _____

Undertaking

I/We, the undersigned, certify that the information provided in this application is complete and correct, and authorize Angels Specialist School to request further information from teachers, counselors, or administrators concerned for verification. I/we understand that if any information gained by Angels Specialist School through interviews and follow-up does not match the information provided in this application, Angels Specialist School reserves the right to revoke this offer of admission. I/We acknowledge that the above provisions are binding on me/us.

NB: parents must endeavour to read all documents sent to them by the school.

Parent/guardian signature _____ Date _____

FOR OFFICE USE ONLY

Date of admission:.....

NB: The Angels Specialist School is committed to a policy of non-discrimination in relation to race, color, religion, sex, age, national origin and disability. This policy prevails in all matters concerning staff members, students, the public educational programmes and services and with individuals with whom the Governing Board does business. The only limitations to student enrollment at Angels Specialist School will be grade level capacity and residential status. Revised 13/05/2013.