



Affix Photograph

ANGELS SPECIALIST SCHOOL INTERNATIONAL

P. O. Box CE 12222 Community 11, Tema

Telephone: 0303 918 090/0200 309 050

Website: www.angelsschool.com

Email: info@angelsschool.com

APPLICATION FORM

ABOUT THE CHILD

FAMILY/SURNAME			
FIRST NAME			
MIDDLE NAME (if any)			
ETHNIC BACKGROUND (Nationality):		RELIGIOUS BACKGROUND:	
DATE OF BIRTH	DAY	MONTH	YEAR
AGE :	GENDER :	GRADE APPLIED FOR:	

MEDICAL HISTORY

Does your child have any illness the school should know about? ☐ Yes ☐ No If yes kindly state

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

Is your child allergic to anything you wish the school to know ☐ Yes ☐ No If yes, state type of sickness with medical report

ACADEMIC HISTORY

	NAME OF SCHOOL	GRADE COMPLETED	CONTACT NUMBER OF PREVIOUS SCHOOL
1.			
2.			
3.			

Have you identified any special or outstanding talent in your child? ☐ Yes ☐ No If Yes, kindly state

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

Did your child complete the academic year in the previous school? ☐ Yes ☐ No If No, state the reason
Kindly note that we will verify from the previous school.

PARENTS' DETAILS

FATHER	
Father's Full Name :	
Father's Contact Number :	Father's Occupation :
Work Address:	
Email:	
MOTHER	
Mother's Full Name :	
Mother's Contact Number :	Mother's Occupation:
Work Address:	
Email:	
RESIDENCE	
Specific Area of Residence:	
Major Landmark Close to Residence:	
Residential Address/House Number:	
GPS Residential Address:	
Person to contact in case of emergency and when parents can't be reached:	
Contact Number	

How did you get to know about the Angels School?

(If the school was recommended to you by another family, please let us know who so we could appreciate them) _____

What is the language most often spoken by the child? _____

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 Parent-Teacher Conference? Yes ☐ No ☐ if No, state reason _____
- Supervise your child's homework, assignment or project work? Yes ☐ No ☐ if No, state reason _____
- Attend speech and prize-giving ceremonies. Yes ☐ No ☐ if No, state reason _____
- Attend open-houses. Yes ☐ No ☐ if No, state reason _____

FINANCIAL OBLIGATION

FRESH PUPILS/STUDENTS

1. Admission is recognized when payment of school fees and registration fees is made in full.
2. Admission-related fees once paid are not refundable.
3. Payment of school fees is strictly made into the school's account number **1400002300593** at the Cal Bank and the slip brought back to the account office for receipt.
4. 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.

CONTINUING PUPILS/STUDENTS

5. Tuition fees once paid are not refundable after resumption of school.
6. 100% (Full Payment) of the terms fees must be made **ON** or **BEFORE** the day of re-opening of school.
7. A term's fees paid in advance are non-refundable after two weeks of reopening of school.
8. 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.

APPLICANTS ARE REQUESTED TO SUPPLY THE FOLLOWING

- Pre-School (Nursery to Kindergarten) - A passport size photograph and a copy of birth and immunization certificates.
- GES Option (Primary 1 to Junior High) - A passport size photograph and a CUMULATIVE RECORD from the last school attended.
- Cambridge Option (Year 4 to 10) - 2 passport size photographs and a Transcript from the last school attended.

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.

Thank you and welcome to the family.

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, colour, 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 23rd January, 2018