



GOLDEN SUNBEAM INTERNATIONAL SCHOOL

No. 12 Boi Doku Street Adenta, Accra

P.O Box GP 1056, Accra

Tel: +233(0)244 99716/+233(0)546155500/+233(0)578208161

Email: sunbeam_school@yahoo.com

ADMISSION FORM (please write legibly)

Student's Information

Student Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____ Age: _____ Sex: Male Female

Present Class/Form: _____ Proposed Class/Form _____

Language(s) Spoken: _____ Nationality: _____

Home Address: _____

Postal Address: _____

SCHOOL ATTENDED

NAME OF SCHOOL	YEAR ATTENDED	CERTIFICATE OBTAINED	REASONS FOR LEAVING

Student's Special Interest and Talents: _____

Choose 3 words that best describes Student: _____

MEDICAL INFORMATION

Student's Special Medical Needs, if any? _____

Does student have any Allergies to any Food or any other substance? Yes: No:

If yes, give Details and procedures to follows in case of any reaction: _____

Please Attach Medical Examination Report

Parent/Guardian Information

Please tick appropriately below:

Father:

Mother:

Guardian:

Father's Name: -----

Mother's Name: -----

Language Spoken: ----- Nationality: -----

Home Address: -----

----- Home Tel. No. : -----

Office Address: -----

----- Office Tel. No. : -----

Email Address: -----

Best form of contact: *(please tick)* Telephone Calls: Text: Email:

Whom does student leave with? Father: Mother: Guardian: Others:

Emergency Contact Information

Name: ----- Relationship to Student: -----

Telephone No.: ----- Email Address: -----

➤ Why have you chosen Golden Sunbeam International School and what are your expectations?

➤ Are you willing to contribute to ward's educational experience by

- I. Ensuring that your ward attends school regularly and punctually?
 - II. Ensuring that your ward completes all given assignments and projects?
 - III. Actively participating in all school programs?
 - IV. Volunteering at least 4 hours every term to assist in ward's classroom.
 - V. Providing all needed items for your ward's smooth educational experience.
 - VI. In your estimation will you be able to fulfill all necessary requirement of the school including timely paying of the school. Yes: No:
- If No, why? -----

DECLARATION

1. *We declare that we are parents or guardians of this child and are responsible for everything concerning the child's education in the school including the settlement of fees and expenses during the child's stay in the school.*
2. *We declare that before we withdraw our child, we shall give a full term's notice in writing or pay a full term's fee in lieu of notice.*
3. *We declare that we shall attend all functions and programs organized by the school including parent teacher conferences as and when called by the school.*
4. *We declare that we shall ensure that our ward attends school regularly and on time and completes all assignments and projects.*

5. *We declare that we shall ensure that our ward is provided with all the necessary things needed to enable smooth academic an educational experience in the school.*
6. *We agree that monies once paid are **NOT** refundable.*

Dated this: ----- **day of** -----

Signed: -----

FOR OFFICE USE ONLY

Date of Receipt: ----- **Date of Admission:** ----- **Admission No.** -----