

# North Legon Little Campus

Offering the British Curriculum with an International Perspective

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## TRUTH AND EXCELLENCE

**Location:** Adjacent to Charismatic Evangelistic Ministry, North Legon

Affix passport  
size photo of  
pupil

## APPLICATION FOR ADMISSION (SECONDARY)

### STUDENT

STUDENT'S FULL NAME: .....

LAST

FIRST

MIDDLE

GENDER (M/F):

.....

DATE OF BIRTH: .....

CURRENT AGE: .....

ADDRESS: .....

TELEPHONE NUMBER: .....

CHURCH AFFILIATION: .....

NUMBER OF BROTHERS: .....

NUMBER OF SISTERS: .....

MOTHER TONGUE: .....

COUNTRY OF ORIGIN .....

PLEASE INDICATE THE GROUP YOU ARE APPLYING FOR:

Lower Secondary

Upper Secondary (IGCSE)

AS/A Level

(Check-off class)

### PRIMARY FAMILY DATA

#### FATHER

FULL NAME: .....

LAST

FIRST

MIDDLE

OCCUPATION: .....

PLACE OF EMPLOYMENT: .....

RESIDENTIAL ADDRESS: .....

TELEPHONE: .....  
  WORK  HOME  MOBILE

EMAIL ADDRESS:-----

CHURCH AFFILIATION .....

COUNTRY OF ORIGIN .....

**MOTHER**

FULL NAME: .....  
  LAST  FIRST  MIDDLE

OCCUPATION:: .....

PLACE OF EMPLOYMENT: .....

RESIDENTIAL ADDRESS: .....

TELEPHONE: .....  
  WORK  HOME  MOBILE

EMAIL ADDRESS-----

CHURCH AFFILIATION .....

**SECONDARY FAMILY DATA (IF APPLICABLE)**

NAME OF GUARDIAN: .....  
  LAST  FIRST  MIDDLE

OCCUPATION: .....

PLACE OF EMPLOYMENT: .....

RESIDENTIAL ADDRESS: .....

TELEPHONE: .....  
  WORK  HOME  MOBILE

EMAIL ADDRESS:-----

CHURCH AFFILIATION .....

COUNTRY OF ORIGIN .....

**PRE-ADMISSION HEALTH HISTORY**

Does your child have any eye problems? If yes, specify .....

Does your child have normal hearing? If No specify .....

Does your child have normal speech? If No specify .....

Does your child enjoy good dental hygiene? If No please specify .....

Does your child have any allergies? If yes, please state what kind of allergies. ....

Does your child have any physical/dietary constraints? If Yes, please specify.....  
Other health problems (e.g. Diabetes, Seizure, Sickle Cell Anaemia, Worm Infestation etc.) that must be known to the School (Please Give Details).....  
.....

Is your child fit to participate in all sporting activities? If No, please state why.....  
.....

Does your child have any specific problems/fears/needs? Please explain .....  
.....

**MEDICAL CONTACT**

Please provide the following information in the event of a Medical Emergency.

Name of Doctor: .....

Address: .....

Telephone: .....

**EMERGENCY INFORMATION**

*(Emergency Contacts other than Parents/Guardians)*

(a) CONTACT NAME: ..... RELATION: .....

TELEPHONE: .....

WORK

HOME

MOBILE

(b) CONTACT NAME: ..... RELATION: .....

TELEPHONE: .....

WORK

HOME

MOBILE

(c) CONTACT NAME: ..... RELATION: .....

TELEPHONE: .....

WORK

HOME

MOBILE

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I hereby give my consent to the school for all emergency medical care/first aid treatment for my child while my child is in the custody of the school. I shall bear all expenses against such services

Name of Parent/Guardian: .....

Signature: ..... Date: .....

**PICK-UP AUTHORIZATION**

**Authorization**

Upon my inability to pick up my child at the close of day I authorize that my child be released to either of the following persons. *(Attach passport size photographs of each person, please)*

- 1. Name: .....
- Address.....Phone No. ....
- 2. Name: .....
- Address.....Phone No. ....

Name of Parent/Guardian: .....

Signature: ..... Date: .....

**Declaration**

I hereby declare that I am the Parent/Guardian of the child named above and that I am fully responsible for the payment of his/her fees and other related charges.

I agree that fees are to be paid in full and at the beginning of the term and that fees once paid are not refundable.

I agree that a term's written notice (i.e. three months) is to be given prior to the withdrawal of my child from the school or a term's fees must be paid in lieu thereof.

Name of Parent/Guardian .....

Signature of Parent/Guardian .....Date: .....

**SIXTH FORM APPLICATIONS**

Pupils applying for Sixth Form should please state the subjects they intend to study.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

**FOR OFFICE USE**

Date of Application: .....

Date of Admission: .....

Admission Number .....

Class: .....

Remarks: .....

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE REQUISITE FEES TO THE ADMINISTRATOR IMMEDIATELY.**