

BRAIN BIRDS ACADEMY

P.O.Box AN 16598, Accra-North, Tel: 0244-336347/020-8229687

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Location: Israel Ayigbe junction, Lomnava road

ADMISSION FORM

A. PERSONAL INFORMATION

Name of child in full
(Surname first)
Date of birth (dd/mm/yy)Gender.....
Nationality Tribe (If Ghanaian).....
Religion Residential Address
Ghanaian Language(s) spoken:
Father's NameOccupation.....
Father's Contact No E-mail
Mother's Name Occupation
Mother's Contact No. E-mail
Name of Guardian (If different from Parents)
Guardian's Contact No. E-mail

B. HISTORY OF CHILD'S EDUCATION

Name of school	Location	Date attended	Level reached
.....
.....

Has your child been requested to withdraw from any school before?
If yes, why?

C. HISTORY OF CHILD'S HEALTH

Does your child have any special need?
Does your child have any health problem or illness?

Is your child on any medication?
Any known allergies If yes please give details
Is eyesight normal If no please give details
Is hearing normal If no please give details

D. ADDITIONAL INFORMATION

Who has legal custody of the child (if parents are separated)?
The child is to be picked up from school by atpm
The child should never be released to
Any other information you want the school to have
.....
.....

E. GENERAL POLICIES FOR ALL PARENTS AND PUPILS

Please read the instructions below very carefully and ensure you understand and agree with terms before appending your signature. You may make a copy for your future reference.

1. Fees are to be paid **at the beginning** of the term. If there is any problem regarding the payment of fees, the parent/guardian should make an appointment with the Proprietress to make an alternative payment arrangement.
2. Fees paid are not refundable.
3. A term's notice in writing should be given to management prior to withdrawing a child. Failure to do so will result in paying a term's school fees.
4. No terminal report would be released until all financial obligations to the school have been fulfilled.
5. School starts at 6:30am and closes at 3:30pm. If any child is not picked up by the closing time, additional fee will be charged for each extra hour spent in the school. The gate officially shuts at 5:00pm.
6. Pupils shall be individually responsible for damages they cause or help to cause to school property, and shall pay the full cost of repairs or replacement.
7. School uniforms must be worn from Monday to Thursday. Special outfit (sold at the school) must be worn by all pupils on Friday.

8. Footwear: black or white shoes with low heels (not more than an inch).
9. Parents/Guardians are not allowed in the classroom during school hours. **All** complaints must pass through the administration.
10. Parents/Guardians are encouraged to keep in constant touch with the school to know the academic progress of their wards.

F. PARENT’S DECLARATION

I will be responsible for the payment of fees of the child. I declare that all the information herein provided is true. I am aware that a future detection of any false information may result in the school taking any necessary and legal action against me and may include summary dismissal of my ward. I also pledge to ensure that my ward abides by all school rules and regulations.

Sign (Parent/Guardian) Date

NB: Please attach most current examination reports from previous school attended.

OFFICE US ONLY

..... has been screened and approved for admission into Grade and recommended to pay approved fees.

Sign (Head teacher) Date