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**P.O. Box 80, Agbozume | Ketu South, Volta Region, Ghana**  
Phone: 024 322 4790 | Email: [info@wisdomchildrenschool.com](mailto:info@wisdomchildrenschool.com)  
Website: [www.wisdomchildrenschool.com](http://www.wisdomchildrenschool.com)

## STUDENT APPLICATION FORM

Academic Year: \_\_\_\_\_ / \_\_\_\_\_

### SECTION 1: DEPARTMENT & CLASS APPLYING FOR

<input type="checkbox"/> <b>Nursery 1</b>	<input type="checkbox"/> <b>Nursery 2</b>	<input type="checkbox"/> <b>Nursery 3/KG 1</b>
<input type="checkbox"/> <b>Primary 1</b>	<input type="checkbox"/> <b>Primary 2</b>	<input type="checkbox"/> <b>Primary 3</b>
<input type="checkbox"/> <b>Primary 4</b>	<input type="checkbox"/> <b>Primary 5</b>	<input type="checkbox"/> <b>Primary 6</b>
<input type="checkbox"/> <b>JHS 1</b>	<input type="checkbox"/> <b>JHS 2</b>	<input type="checkbox"/> <b>JHS 3</b>

### SECTION 2: STUDENT INFORMATION

<b>Full Name of Student:</b>  (Surname, First Name, Other Names)			
<b>Date of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>
<b>Place of Birth:</b>		<b>Nationality:</b>	
<b>Ghana Card / Birth Certificate No.:</b>			
<b>Home Town:</b>		<b>Region:</b>	
<b>Current Residential Address:</b>			

<b>Languages Spoken at Home:</b>	

## SECTION 3: PARENT/GUARDIAN INFORMATION

### FATHER'S / GUARDIAN'S INFORMATION

<b>Full Name:</b>			
<b>Occupation:</b>		Phone Number:	
<b>Email Address:</b>			
<b>Residential Address:</b>			
<b>Workplace Address:</b>			

### MOTHER'S / GUARDIAN'S INFORMATION

<b>Full Name:</b>			
<b>Occupation:</b>		Phone Number:	
<b>Email Address:</b>			
<b>Residential Address:</b>			
<b>Workplace Address:</b>			



## SECTION 4: EMERGENCY CONTACT INFORMATION

(Person to contact in case of emergency if parents/guardians are unavailable)

Full Name:			
Relationship to Student:		Phone Number:	
Residential Address:			

## SECTION 5: PREVIOUS SCHOOL INFORMATION (If Applicable)

Is this student transferring from another school?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Previous School Name:		
Previous School Address:		
Last Class/Grade Attended:		Year:
Reason for Transfer:		

## SECTION 6: HEALTH INFORMATION

Does the student have any medical conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify:		
Does the student have any allergies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify:		
Name of Family Doctor/Clinic:		

Doctor/Clinic Phone Number:	
Blood Group (if known):	

## SECTION 7: ADDITIONAL INFORMATION

How did you hear about Wisdom Children School?	
<input type="checkbox"/> Friend/Family <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Other: _____	
Special Needs or Requirements (if any):	



## SECTION 8: PARENT/GUARDIAN DECLARATION

I/We hereby declare that:

1. All information provided in this application form is true, accurate, and complete to the best of my/our knowledge.
2. I/We understand that providing false or misleading information may result in the rejection of this application or termination of enrollment if discovered after admission.
3. I/We have read and understood the school's rules, regulations, and policies, and agree to abide by them.
4. I/We agree to pay all school fees and charges as stipulated by the school administration on or before the due dates.
5. I/We authorize the school to obtain and share necessary information about my/our child with relevant authorities.
6. I/We give consent for my/our child to participate in school activities, including sports and field trips.
7. I/We authorize the school to use photographs or videos of my/our child for school publications. ( Yes  No)

Parent/Guardian Name:

Signature:

Date:

### FOR OFFICE USE ONLY

Application No.:

Admission Status:

Received By:

Accepted

Date Received:

Rejected

Class Admitted:

Waitlist

Admission Date:

Admission Fee Paid:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Receipt No.:	
Amount Paid:		Payment Date:	

REMARKS / NOTES:	

**Processed By:**

Signature:

Date:

**Approved By:**

Signature:

Date:

**REQUIRED DOCUMENTS:** 1. Birth Certificate (Original + Copy) 2. Passport Photos (4 copies) 3. Immunization Records 4. Parent/Guardian ID (Copy) 5. Previous School Report Cards (Transfer students only)

**Contact:** 024 322 4790 | [info@wisdomchildrenschool.com](mailto:info@wisdomchildrenschool.com) | P.O. Box 80, Agbozume  
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