



PASSPORT PHOTOGRAPH

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P.O. Box 80, Agbozume | Ketu South, Volta Region, Ghana

Phone: 024 322 4790 | Email: info@wisdomchildrenschool.com

Website: www.wisdomchildrenschool.com

STUDENT APPLICATION FORM

Academic Year: _____ / _____

SECTION 1: DEPARTMENT & CLASS APPLYING FOR

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

SECTION 2: STUDENT INFORMATION

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

Languages Spoken at Home:	

SECTION 3: PARENT/GUARDIAN INFORMATION

FATHER'S / GUARDIAN'S INFORMATION

Full Name:			
Occupation:		Phone Number:	
Email Address:			
Residential Address:			
Workplace Address:			

MOTHER'S / GUARDIAN'S INFORMATION

Full Name:			
Occupation:		Phone Number:	
Email Address:			
Residential Address:			
Workplace Address:			



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 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 type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	
Does the student have any allergies?	<input 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:

☐ Yes ☐ 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 | P.O. Box 80, Agbozume

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