



Application Bilingual School 2017/18 (E)

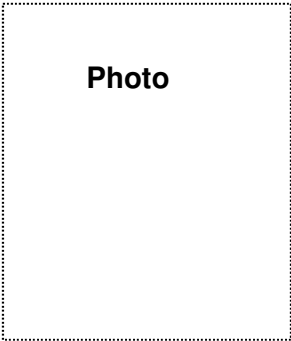
- Bilingual Primary** Germ. Str./ Engl. Str. 1./2. 3./4.
- Bilingual Secondary** 5./6.7. 8. 9. 10.

- After School Care** Wednesdays Fridays

Kindly tick specification!

Application submission Date _____

Date of commencement _____



Family Name and First Name of Student

Date of Birth _____

Mother Tongue _____ Religion _____

Second Language _____ Third Language _____

Place of Birth _____ Nationality _____

Previous Schools (please attach copies of certificates) _____

Place _____ Year/Class/Level _____

Is there a special educational need? (e.g. dyslexia, autism, etc.) **yes** **no**

If yes, which needs? _____

Full Name of Parents or Guardian (responsible for student’s education)

Mother _____ Profession _____

Mobile _____ Tel. private _____

Office _____ E-Mail _____

Employer _____

Father _____ Profession _____

Mobile _____ Tel. private _____

Office _____ E-Mail _____

Employer _____

Postal address Ghana _____

Residential address _____

Legal guardian Father and Mother Father Mother

***I will provide a copy of my child’s weighing card or a medical attestation from the paediatrician.**

Invoice

Invoice is paid by _____

The invoice is paid by the family ___% Employer ___% other ___% Total 100%

Invoice to be sent to _____

Bank account (for refund) _____

**In case of emergency please call this number.
(The school is member of WARA. Accident insurance for the individual pupils is not provided by the school.)**

Name _____

Tel. Mobile _____ Tel. private _____

The school fees may be increased at the beginning of the academic year / Semester. A child is considered duly registered; only after the interview has taken place and the **registration fee** as well as the **admission fee**, have been settled before commencement of school.

Date _____ Signature 1 _____

Date _____ Signature 2 _____

<i>For internal use</i>	<i>O School Certificates</i>	<i>O Attachment</i>	<i>O Reports</i>
<i>O Interview</i>	<i>O Registration/Admission fees</i>
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