

EVANGELICAL LUTHERAN CHURCH SCHOOLS

(PRE-SCHOOL, PRIMARY & JHS) Tel: +233 (0) 277-484900

url: www.lutheranschoolsghana.com email: info@lutheranschoolsghana.com

AFFIX
PASSPORT
PICTURE HERE

SCHOOL ADMISSION FORM

Please select the so	chool in which yo	u want to enroll y	our child?			
☐ St. Paul's	☐ St. Peter's	☐ Trinity	☐ Holy Trinity	☐ All Saint's	□ St	. Andrew's
STUDENT INFOR	<u>RMATION</u>					
Student's full name	as registered on bir	th certificate (A co	py of your child's b	oirth certificate mus	st be pro	vided)
Last Name		First Nar		Other Nar		
Date of Birth:DD	//	Nationality:		Gender:	□ Male	☐ Female
Residential Address	s:					
Class Applying for:		Year Applying for:				
Previous School Att	tended:					
Reason for Leaving	Previous School: _					
FAMILY INFORM	MATION					
Father's Name:			Nation	ality:		
Tel/Mobile:			Occup	oation:		
Residential Address	::					
E-mail Address:						
Mother's Name:			Natio	nality:		
Tel/Mobile:			Occup	oation:		
Residential Address	::					
E-mail Address:						

Guardian Name (If	any):	Nationality:
Tel/Mobile:		Occupation:
Residential Address	::	
		Relationship with Applicant:
MEDICAL HISTO	<u>DRY</u>	
Is there any deficien	ncy/impairment? Yes No	
If yes, please specif	·y	
Are there any medic	cal conditions? Yes No	
If yes, please specif	y	
IMMUNIZATION	(for preschoolers)	
Please tick one bo	x only to specify your child's immuni	zation status:
☐ Fully immuniz	zed for their age	
☐ Is not fully im	munized for their age	
☐ Has a medical	reason not been vaccinated	
SIGNIFICANT DA	ATA (please tick)	
How did you first he	ear about Lutheran Schools?	
☐ Facebook	☐ School website	
☐ Instagram	☐ Parent (please share name):	
☐ Twitter	☐ Staff (please share name):	
☐ Others (please sp	pecify):	
PARENT/GIIARD	DIAN UNDERTAKING	
		cation form and the documents I have submitted
to be true and acci		cation form and the documents I have submitted
		Parent/Guardian Signature

FOR OFFICE USE ONLY

Admission Number:	Assessment Date://
Grade/Result after assessment:	
Comments after assessment:	
Was Student admitted? \square Yes \square No Class a	dmitted to:
If No please state reason:	······································
Date://	SignatureExecutive Manager

Our Schools

St. Paul's Lutheran School

P.M.B 78, Accra-North Kanda (Near GBC), Accra +233 (0) 277-484900

St. Peter's Lutheran School

P.M.B 9, Madina Madina Estates +233 (0) 246-980136

Trinity Lutheran School

P.O. Box CO 143

CMB Quarters, Community 2,

Tema
+233 (0) 591-578287

Holy Trinity Lutheran School

P.O. Box KS. 15041 Kwadaso Estates, Kumasi +233 (0) 245-056487

All Saint's Lutheran School

P.O. Box KN 2887, Kaneshie Palas Town-Anyaa +233 (0) 244-670587

St. Andrew's Lutheran School

P.M.B 78, North-East Bunkpurugu +233 (0) 501-336199