EVANGELICAL LUTHERAN CHURCH SCHOOLS

(PRE-SCHOOL, PRIMARY & JHS)
Tel: +233 303-980041 // +233 303-980730
url: *www.lutheranschoolsghana.com* email: *info@lutheranschoolsghana.com*

AFFIX
PASSPORT
PICTURE HERE

SCHOOL ADMISSION FORM

Please select the school in which you want to enroll your child?

☐ St. Paul's ☐ St. Peter's ☐ Trinity ☐ Holy Trinity ☐ All Saint's ☐ St. Andrew's

STUDENT INFORMATION

Student's full name as registered on birth certificate (***A copy of your child's birth certificate must be provided***)

Last Name First Name Other Names

Date of Birth: _____/_____/_____ Nationality: _____ Gender: ☐ Male ☐ Female
DD MM YYYY

Residential Address: _____

Class Applying for: _____ Year Applying for: _____

Previous School Attended: _____

Reason for Leaving Previous School: _____

FAMILY INFORMATION

Father's Name: _____ Nationality: _____

Tel/Mobile: _____ Occupation: _____

Residential Address: _____

E-mail Address: _____

Mother's Name: _____ Nationality: _____

Tel/Mobile: _____ Occupation: _____

Residential Address: _____

E-mail Address: _____

Guardian Name (If any): _____ Nationality: _____

Tel/Mobile: _____ Occupation: _____

Residential Address: _____

E-mail Address: _____ Relationship with Applicant: _____

MEDICAL HISTORY

Is there any deficiency/impairment? ☐ Yes ☐ No

If yes, please specify _____

Are there any medical conditions? ☐ Yes ☐ No

If yes, please specify _____

IMMUNIZATION (*for preschoolers*)

Please tick one box only to specify your child's immunization status:

☐ Fully immunized for their age
☐ Is not fully immunized for their age
☐ Has a medical reason not been vaccinated

SIGNIFICANT DATA (please tick)

How did you first hear about Lutheran Schools?

☐ Facebook ☐ School website

☐ Instagram ☐ Parent (please share name): _____

☐ Twitter (X) ☐ Staff (please share name): _____

☐ Others (please specify): _____

PARENT/GUARDIAN UNDERTAKING

I certify that the information I have written on the application form and the documents I have submitted to be true and accurate.

_____

Parent/Guardian Signature

FOR OFFICE USE ONLY

Admission Number: _____ Assessment Date: _____/_____/_____
DD MM YYYY

Grade/Result after assessment: _____

Comments after assessment: _____

_____

Was Student admitted? ☐ Yes ☐ No Class admitted to: _____

If No please state reason: _____

Date: _____/_____/_____
DD MM YYYY

Signature _____
Executive 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) 242-244003

Trinity Lutheran School
P.O. Box CO 143
CMB Quarters, Community 2,
Tema
+233 (0) 247-094362

Holy Trinity Lutheran School
P.O. Box KS. 15041
Kwadaso Estates, Kumasi
+233 (0) 245-056486

All Saints 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) 303-980730