

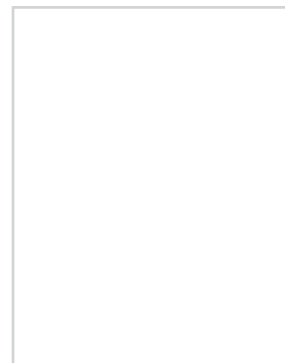


PEAK LYCEUM

Call: 020 1004559 | 057 2059674

Location: No. 2 Adom Street, Community 22 Tema.

www.peaklyceum.org



APPLICANT FORM

CHILD'S INFORMATION

Name: L A S T N A M E
 O T H E R F I R S T

Date of Birth: D D M M Y Y Y Y Place of Birth:

Number Of Siblings: *Gender: Male Female

Religious Denomination:

Postal Address:

Residential Address:

Nationality: Ghanaian Others Please specify:

FATHER'S INFORMATION

Father's Name:

Profession:

Phone Numbers: W O R K C E L L

Email Address:

MOTHER'S INFORMATION

Mother's Name:

Profession:

Phone Numbers: W O R K C E L L

Email Address:

HEALTH INFORMATION

(Weighing Card Must Accompany This Form)

Has Your Child Been Immunised Before.

DTP: Yes No Polio: Yes No MMR: Yes No

Yellow Fever: Yes No BCG: Yes No

Has Your Child Had Any Of The Following illness Before

Measles: Yes No Chicken Pox: Yes No Is Hearing Normal: Yes No

Is Eye Sight Normal: Yes No

Allergies (if Any)

DOCTOR'S INFORMATION

Doctor's Name:

Phone Numbers: Emergency Numbers:

Email Address:

Name Of Person Who Will Pick Up The Child

Has Your Child Been To Pre-school Before? Yes No

Is Your Child Toilet Trained? Yes No

CONDITIONS FOR ENROLMENT

- Provide Two Passport Size Photographs Of The Child.
- Admission Fees Must Be Paid By All New Entrants.
- Withdrawal Of Your Ward From The School Requires At Least One Month Notice.
- The School Reserves The Right To Increase Fees During The School Year.

DECLARATION

I do hereby declare that the information provided above is accurate to the best of my knowledge and promise to abide by the rules of the school.

Signature Of Parent/guardian Date

FOR OFFICE USE

Admission Date

Admission Number

Weighing Card: Checked/Unchecked

Special Medical/Dietary needs

Any Comments

Signature (School official) Date