



DEMONSTRATION SCHOOL
 POST OFFICE BOX 25 UEW, WINNEBA, GHANA, WEST AFRICA
 TEL: 0208962820/0244067425
ADMISSION APPLICATION FORM

ONE PASSPORT
 SIZE
 PHOTOGRAPH
 WITH THE NAME
 OF THE CHILD AT
 THE BACK

FORM NO.: UEW/EEDS/ / _____

ADM. NO. EEDS/____ / _____

(PLEASE COMPLETE THIS FORM IN BLOCK (CAPITAL) LETTERS)

CHILD'S INFORMATION

(THE NAME OF THE CHILD ON THE ADMISSION FORM SHOULD CORRESPOND WITH THE NAME ON THE BIRTH CERTIFICATE.)

SURNAME: FIRST NAME:

OTHER NAMES:

SEX (TICK): **MALE** [] **FEMALE** []

DATE OF BIRTH: PLACE OF BIRTH:.....

AGE NOW (YEARS & MONTHS): Years Months.....

AGE BY **SEPTEMBER, 2023**: Years..... Months.....

HOME TOWN:.....LANGUAGE(S) SPOKEN(IF ANY):.....

RELIGIOUS DENOMINATION: **CHRISTIAN** [] **MUSLIM** [] **OTHERS:**

CHILD'S IMMUNISATION (TICK): **COMPLETE** [] **INCOMPLETE** []

ANY SPECIAL INFORMATION ON THE CHILD'S/WARD'S HEALTH? (E.g. ALLERGIES, DEVELOPMENTAL CHALLENGES ETC...):

CHILD'S NHIS NO.....

CHILD'S HOSPITAL..... HOSPITAL CARD NO.....

PREVIOUS EARLY CHILDHOOD CENTRE ATTENDED (IF ANY)

1.....

2.....

PARENT'S/GUARDIAN'S INFORMATION (PLEASE UNDERLINE WHICH APPLIES)

PARENT'S /GUARDIAN'S NAME:

PARENT'S /GUARDIAN'S OCCUPATION:

TEL. CONTACTS:

ACTIVE WHATSAPP CONTACT:

PARENT'S /GUARDIAN'S WORK PLACE:

EMAIL ADDRESS.....

POSTAL & RESIDENTIAL ADDRESS:

.....

RELATIONSHIP TO CHILD.....

IN CASE OF EMERGENCY CONTACT (THIS CONTACT SHOULD NOT BE PARENT/GUARDIAN)

NAME:
TEL. CONTACT(S).....
WORK PLACE.....
PLACE OF RESIDENCE.....
RELATIONSHIP TO CHILD.....

PARENT'S INFORMATION

FATHER'S NAME:
FATHER'S OCCUPATION:
TEL. CONTACTS:
FATHER'S WORK PLACE:
EMAIL ADDRESS.....

MOTHER'S NAME:
MOTHER'S OCCUPATION:
TEL. CONTACT:
MOTHER'S WORK PLACE:
EMAIL ADDRESS.....

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THE DEMONSTRATION SCHOOL?
.....
.....

WHY ARE YOU INTERESTED IN ENROLLING YOUR CHILD IN THE DEMONSTRATION SCHOOL?
.....
.....
.....

PARENT'S/GUARDIAN'S SIGNATURE:DATE:

REQUIREMENTS

1. PLEASE ATTACH
 - A PHOTOCOPY OF THE CHILD'S BIRTH CERTIFICATE,
 - ONE PASSPORT-SIZE PHOTOGRAPH WITH THE NAME OF THE CHILD AT THE BACK AND THE PHOTOGRAPH SHOULD NOT BE MORE THAN A MONTH OLD.
 - PHOTOCOPIES OF THE CHILD'S PERSONAL INFORMATION, IMMUNISATION & GROWTH CHART PAGES OF THE CHILD'S WEIGHING BOOK.
2. THE NAME OF THE CHILD ON THE ADMISSION FORM SHOULD CORRESPOND WITH THE NAME ON THE BIRTH CERTIFICATE.
3. FORMS WITHOUT ALL THE ATTACHMENTS AND PROPERLY COMPLETED WILL NOT BE CONSIDERED FOR ADMISSION.
4. COMPLETION OF THIS FORM DOES NOT IN ITSELF GUARANTEE ADMISSION TO THE DEMONSTRATION SCHOOL.
5. FOR ANY ENQUIRES KINDLY CALL OR SEND WHATSAPP MESSAGE TO THE PHONE NUMBER ON THE FORM.

OFFICIAL USE ONLY

AGE GROUPS:

- TWO (2) YEARS OLD []
- THREE (3) YEARS OLD []
- FOUR-YEARS (4-YRS) OLD []
- FIVE-YEARS (5-YRS) OLD []
- SIX-YEARS (6-YRS) OLD []
- SEVEN-YEARS (7-YRS) OLD []
- EIGHT-YEARS (8-YRS) OLD []