

<b>STUDENT INFORMATION</b>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth(DD/MM/YYYY):
Last Name:	Age:
First Name:	Home phone:
Middle Name:	Primary contact number:
Religion of student:	Nationality:
Residence address:	
<b>FAMILY INFORMATION</b>	
Mother's Name:	Religion:
Mother's Address: <input type="checkbox"/> same as student, or:	
Mother's Occupation:	Place of Work:
Business phone:	Cell Phone:
Mother's Email:	
Father's Name:	Religion:
Father's Address: <input type="checkbox"/> same as student, or:	
Father's Occupation:	Place of Work:
Business phone:	Cell Phone:
Father's Email:	
Parents are : <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> single <input type="checkbox"/> mother Deceased <input type="checkbox"/> Father Deceased	
Student lives with: <input type="checkbox"/> Both parents, same household <input type="checkbox"/> Both parents, different households <input type="checkbox"/> Mother only <input type="checkbox"/> Father only	
<b>PREVIOUS SCHOOL HISTORY</b>	
Name of Recent School Attended:	
Location Address:	City/Region:
school Phone number:	
Duration (mm/yyyy to mm/yyyy)	
Grade Completed:	
<b>STUDENT SIBLINGS</b>	
Last Name:	Last Name:
First Name:	First Name:
Relationship:	Relationship:
Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
School:	School:
Last Name:	Last Name:
First Name:	First Name:
Relationship:	Relationship:
Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
School:	School:
<b>PERSON'S AUTHORIZED TO PICK UP CHILD</b>	
Guardian1: _____ (Please provide a copy of their PHOTO ID)	Mobile Number:
Guardian2: _____ (Please provide a copy of their PHOTO ID)	Mobile Number :

**PARENT QUESTIONNAIRE: STUDENT LEARNING PROFILE**

Has the applicant had any difficulties in learning? If yes, please explain.  
(i.e.: poor sight, stuttering, hearing problem...)

Would there be any restrictions to play or activities? If yes, please explain.  
(i.e.: trauma with high swing/ slide, afraid of animals...)

What are your immediate(short-term) goals for your son/ daughter? (i.e.: improvement in literacy, numeracy, self-management, social skills...)

What is your son/ daughter’s favorite subject?

What subject is your son/ daughter struggling with?

**STUDENT MEDICAL/ HEALTH CONDITIONS**

Does your child have any health issues?  
i.e.: constipation, fainting spells, skin rash, convulsions, frequent ear infections, urinary problem ...

Preferred hospital contact number:

Doctor’s number:

Does your child need to take medication on continuing basis at school:  Yes  No

Does your child need assistance or supervision in taking his/her medication:  Yes  No

Allergies and Health Conditions:

If “yes”, please complete the following

- Blood clotting disorders (i.e. hemophilia that requires immediate medical care):  Yes  No
- Diabetes:  Yes  No
- Epilepsy with a history of seizures within the past two years:  Yes  No
- Severe asthma reactions needing immediate medical treatment or medication to prevent an emergency:  Yes  No
- Will your child need emergency medication for an allergic reaction:  Yes  No
- Any other medical conditions that may require emergency care at school  Yes  No

If yes, kindly specify:

**PARENT/GUARDIAN TO INITIALS ONCE PERMISSION INFORMATION HAVE BEEN READ AND UNDERSTOOD AS OUTLINED BELOW**

*I/we have read the information provided about the permissions below. I/we can change permissions in future by contacting the school office in writing".*

**STUDENT NAME:** \_\_\_\_\_

Parent/guardian initial(s) required below:

	YES	NO
<b>Internet Access:</b> Students will, from time to time, access the internet for instructional purposes School to provide: <ul style="list-style-type: none"> <li>- "student Use of Web-based Educational Tools: informed parental consent process for storage and Access of information Both inside and outside Ghana"</li> </ul>		
<b>Teaching Christian doctrine:</b> -as part of the wholistic education offered through our American Christian curriculum		
<b>Collecting data:</b> <ul style="list-style-type: none"> <li>- learning and behavioural data collected about your child</li> </ul>		
<b>Use of primary edible reinforcement:</b> <ul style="list-style-type: none"> <li>- To facilitate learning and development, teachers may use treats (where appropriate and in moderation)</li> </ul>		
<b>For medical emergency:</b> <ul style="list-style-type: none"> <li>- In the event of a medical emergency, school will contact to parents first. but, if school can't reach parents, do you agree on taking your child to the nearest hospital?</li> </ul>		
<b>**To media/public domain:</b> Occasionally, photos of your child at school or at a school event or function may be taken. The coverage could include your child's photograph, name, and comments. This information may be used for program information and/or promotional or showcasing purposes on the public domain (e.g.: School/District website or newsletter, public newspaper or public social media).		

**Student Registration Form Information:**

The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administrator.

(Please sign in front of school secretary)

**I certify that the information contained in this Student Registration form for my child is correct and valid as of this date.  
I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by (school staff signature): \_\_\_\_\_ Date: \_\_\_\_\_