



STUDENT INFORMATION	
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:	
FAMILY INFORMATION	
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	
PREVIOUS SCHOOL HISTORY	
Name of Recent School Attended:	
Location Address:	City/Region:
school Phone number:	
Duration (mm/yyyy to mm/yyyy)	
Grade Completed:	
STUDENT SIBLINGS	
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:
PERSONS AUTHORIZED TO PICK UP CHILD	
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 a 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:

Non-Emergency Treatment Authorization

The following types of medication are routinely stocked;

- Allergy medications
 - L MONTUS Levocetirizine Hydrochloride and Montelukast Tablets
- Fever and Pain relief medications
 - Betafen IBUPROFEN Syrup
- Anti-diarrhea medications
- Cough and Cold medications
 - Calpol SixPlus Suspension (Paracetamol)
- Over the counter Eye medications
- Topical medications
- Oral re-hydration treatment

Please note that One Heart Africa Academy will attempt to contact the parent or guardian prior to the administration of certain medications. If parents/guardians cannot be reached, the school will administer medications if deemed necessary.

I consent to the administration of these medications if deemed necessary.

****Parent/Guardian signature:_____Date:_____**

I **DO NOT** consent to the administration of these drugs.

***If you do not consent, kindly provide the medication you would like the school to administer if deemed necessary. Such personal medication must be provided by parents/guardians, labeled with the child's name and class, and should be submitted to the school administrator in its original container by the parent/guardian. Administration instructions must also be included.**

****Parent/Guardian signature:_____Date:_____**

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
Internet Access: Students will, from time to time, access the internet for instructional purposes School to provide: <ul style="list-style-type: none"> - “Student Use of Web-based Educational Tools: informed parental consent process for storage and Access of information Both inside and outside Ghana” 		
Teaching Christian doctrine: -as part of the wholistic education offered through our American Christian curriculum		
Collecting data: <ul style="list-style-type: none"> - learning and behavioral data collected about your child 		
Use of primary edible reinforcement: <ul style="list-style-type: none"> - To facilitate learning and development, teachers may use treats (where appropriate and in moderation) 		
For medical emergencies: <ul style="list-style-type: none"> - In the event of a medical emergency, the school will contact parents first. but, if the school can't reach parents, do you agree on taking your child to the nearest hospital? 		
**To media/public domain: 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 and/or promotional or showcasing purposes in the public domain (e.g., School/District website or newsletter, public newspaper or 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.

**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: _____