

# Daffodil International School



## Application Form

**Location: Adu Gyam Ave. Behind Coastal Estate, New Sebrepur.**

**Address: P.O.Box CO1212 Tema**

**Tel: 233-244-224-334, 233-207-470-664**

**[info@daffodilschool.edu.gh](mailto:info@daffodilschool.edu.gh)**

**[www.daffodilschool.edu.gh](http://www.daffodilschool.edu.gh)**

## CHILD INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Gender: Male  Female

Residential Address: \_\_\_\_\_  
Hse No, Suburb, City

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
DD/MM/YYYY

Nationality: \_\_\_\_\_ Religious Background: \_\_\_\_\_  
City, Region, Country

Affix Photograph

## MOTHER/GUARDIAN

Name: \_\_\_\_\_  
First Middle Last

Residential Address (If different from above): \_\_\_\_\_  
Hse No, Suburb, City

Telephone: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
whatsapp office other

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## FATHER/GUARDIAN

Name: \_\_\_\_\_  
First Middle Last

Residential Address (If different from above): \_\_\_\_\_  
Hse No, Suburb, City

Telephone: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
whatsapp office other

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## LIVING ARRANGEMENT

Tick ALL that apply:

- Child lives with  Father  Mother  Stepfather  Stepmother  Guardian  
 Parents are married  Parents are separated  Parents are divorced  
 Father has custody  Father has remarried  Father is deceased  
 Mother has custody  Mother has remarried  Mother is deceased

Which language(s) other than English is/are spoken at home? \_\_\_\_\_

Siblings: Name and Age \_\_\_\_\_

Name and Age \_\_\_\_\_

## IN CASE OF EMERGENCY

Contact #1 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
Suburb, City, Region

Telephone: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
Home Work Cell

Contact #2 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
Suburb, City, Region

Telephone: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
Home Work Cell

## MEDICAL INFORMATION

Child's Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Hospital Address: \_\_\_\_\_  
Suburb, City, Region

Special problems/needs or allergies \_\_\_\_\_

Other important information \_\_\_\_\_

Has your child been immunised against? (Please tick)

DTP Yes / No Polio Yes / No

MMR Yes / No Yellow Fever Yes / No

BCG Yes / No

Copies of these records must be attached to the form.

Has your child had any of the following illnesses before?

Measles: Yes / No Chicken Pox: Yes / No

Is hearing normal? Yes / No \_\_\_\_\_

Is eyesight normal? Yes / No \_\_\_\_\_

Sickling Status \_\_\_\_\_

Blood Group \_\_\_\_\_

\*Official medical report from child's physician is required before admission.

## PICK UP INFORMATION

Name of person authorized to pick up your child (Please provide copies of his / her picture ID cards)

Name \_\_\_\_\_ Contact number(s) \_\_\_\_\_

Car registration number \_\_\_\_\_ Model \_\_\_\_\_

School bus Yes  No  your Location \_\_\_\_\_

Direction to your location \_\_\_\_\_

## GENERAL INFORMATION

Previous School(s) If any \_\_\_\_\_

Class in which admission is required? \_\_\_\_\_

## OTHER REQUIREMENTS

- A copy of your child's birth certificate (to be provided by all).
- Full details of all immunisation from weighing card (preschoolers only).
- Medical documents/records (International Students).

## AGREEMENT

I, \_\_\_\_\_ declare that i am the parent/guardian of \_\_\_\_\_ . I will be responsible for the payment of his/her school fees from this date of enrolment as a learner of Daffodil International School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Daffodil International School.**