ELIZABETH BRIGHT INTERNATIONAL SCHOOL

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MICHEL CAMP, TEMA, GHANA

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ADMISSION APPLICATION FORM

Academic Year: _____

Application No.: _____

Date of Application: _____

Please complete all applicable sections in BLOCK LETTERS and attach the required supporting documents.

1. Student Information

Full Name:

_____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Nationality: _____

Place of Birth: _____

Residential Address:

_____

Class/Grade Applying For: _____

Admission Type: ☐ New Admission ☐ Transfer ☐ Returning Student

Previous School (if applicable):

_____

Last Class/Grade Attended: _____

2. Parent / Guardian Information

Parent/Guardian 1

Full Name: _____

Relationship to Student: _____

Occupation: _____

Phone Number: _____

Email Address: _____

Residential Address:

_____

Parent/Guardian 2

Full Name: _____

Relationship to Student: _____

Occupation: _____

Phone Number: _____

Email Address: _____

3. Emergency Contact

Name: _____

Relationship to Student: _____

Phone Number: _____

Alternative Phone Number: _____

4. Medical & Health Information

Does the student have any known medical condition or health concern?
☐ No ☐ Yes

If yes, please provide details:

Known Allergies: ☐ None ☐ Yes — Please specify: _____

Current Medication (if applicable):

Any special medical or dietary requirements?
☐ No ☐ Yes — Please specify:

Emergency Medical Information / Additional Notes:

5. Learning & Educational Information

Has the student received any additional learning support previously?
☐ No ☐ Yes

If yes, please provide details:

Languages Spoken:

Any other educational information the school should be aware of?

6. Authorized Pick-Up / Caregiver Information

Please provide details of persons authorized to pick up the student from school.

Name	Relationship	Phone Number

Parent/Guardian should notify the school of any changes to authorized persons.

7. Required Documents

Please tick the documents submitted with this application:

☐ Completed Application Form

☐ Copy of Student's Birth Certificate

☐ Passport Photograph(s)

☐ Copy of Parent/Guardian's Valid ID

☐ Previous School Report/Academic Record

☐ Transfer/Release Letter, where applicable

☐ Medical/Health Information Form

☐ Other: _____

8. Parent / Guardian Declaration

I/We declare that the information provided in this application is true, accurate, and complete to the best of my/our knowledge.

I/We understand that the school may request additional information or documents where necessary and that admission is subject to the school's admission requirements, assessment, availability of space, and applicable school policies.

I/We agree to inform the school of any changes to the information provided in this application.

Parent/Guardian Name:

_____

Signature: _____ Date: _____

For School Use Only

Application Received: _____

Documents Verified: ☐ Yes ☐ No

Assessment/Interview: ☐ Required ☐ Not Required

Assessment/Interview Date: _____

Admission Decision: ☐ Approved ☐ Pending ☐ Not Approved

Class/Grade Assigned: _____

Admission/Student ID No.: _____

Admission Officer: _____

Signature: _____

Date: _____

Remarks

_____

_____

_____

SUBMISSION

Please submit the completed form together with the required supporting documents to:

Elizabeth Bright International School
Michel Camp, Tema, Ghana
Email: contact@eblisschool.com
Website: www.eblisschool.com

Admissions Office:

_____

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