ENROLLMENT FORM

TARGET CITY ACADEMY

Address: P.O. Box 397, Tamale -Ghana**, TEL:** 0246130164 / 0200238428
Location: Gulkpegu Tua / Vittin Target Annex**.**
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APPLICATION FOR ADMISSION

CHILD'S INFORMATION

PUPIL FULL NAME: ……
SURNAME *FIRST* *MIDDLE*

GENDER: MALE ☐ FEMALE: ☐

DATE OF BIRTH: ……

CURRENT AGE: ……

ADDRESS: ……

RELIGION: ……

MOTHER TONGUE: ……

COUNTRY OF ORIGIN ……

PLEASE INDICATE THE GROUP YOU ARE APPLYING FOR:

Crèche ☐ Nursery ☐ Primary ☐
(Check-off class)

PRIMARY FAMILY DATA

FATHER

FULL NAME: ……
LAST *FIRST* *MIDDLE*

OCCUPATION: ……

PLACE OF EMPLOYMENT: ……

RESIDENTIAL ADDRESS: ……

TELEPHONE NUMBER:…… /……/……
WORK *HOME* *MOBILE*

EMAIL ADDRESS:……

RELIGIOUS AFFILIATION:……

COUNTRY OF ORIGIN:……

MOTHER

FULL NAME: ……..…….
LAST FIRST MIDDLE

OCCUPATION:: ……..……..……

PLACE OF EMPLOYMENT: …….

RESIDENTIAL ADDRESS: ……...

TELEPHONE: …….
WORK HOME MOBILE

EMAIL ADDRESS:…….

RELIGIOUS AFFILIATION …….

SECONDARY FAMILY DATA (IF APPLICABLE)

NAME OF GUARDIAN: …….
LAST FIRST MIDDLE

OCCUPATION: ……..…….

PLACE OF EMPLOYMENT: ……..……

RESIDENTIAL ADDRESS: ……..……..……

TELEPHONE: …….
WORK HOME MOBILE

EMAIL ADDRESS:…….

RELIGIOUS AFFILIATION ……...

COUNTRY OF ORIGIN ……...

PRE-ADMISSION HEALTH HISTORY

Does your child have any health problems? Yes/No. if yes specify

……
……
……
……

Does your child have any allergies? Yes/No. If yes, please state what kind of allergies. …..……..

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……
……
……

Other health problems (e.g. Diabetes, Seizure, Sickle Cell Anaemia, Worm Infestation etc.) that must be known to the School (Please Give Details) ……
……..

Is your child fit to participate in all sporting activities? Yes/No. If No, please state why……
……...

Does your child have any specific problems/fears/needs? Yes/No. If yes, please explain ……
……...

MEDICAL CONTACT

Please provide the following information in the event of a Medical Emergency.

Name of Doctor: ……..……..

Address: ……

Telephone: ……..…

EMERGENCY INFORMATION
(Emergency Contacts other than Parents/Guardians)

(a) CONTACT NAME: ……..… RELATION: …….……....

TELEPHONE: …….
WORK *HOME* *MOBILE*

(b) CONTACT NAME: ……..… RELATION: …….……....

TELEPHONE: …….
WORK *HOME* *MOBILE*

(c) CONTACT NAME: ……..… RELATION: …….……....

TELEPHONE: …….
WORK *HOME* *MOBILE*

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my consent to the school for all emergency medical care/first aid treatment for my child while my child is in the custody of the school. I shall bear all expenses against such services

Name of Parent/Guardian: ……...

Signature: …… Date: …….

PICK-UP AUTHORIZATION

Authorization

Affix passport size photo of person	Affix passport size photo of person

Upon my inability to pick up my child at the close of day I authorize that my child be released to either of the following persons. *(Attach passport size photographs of each person, please)*

1. Name: ……..……

Address…….……Phone No. ……..…….

2. Name: ……..……..

Address…….……Phone No. ……..…….

Name of Parent/Guardian: ……..……...

Signature: …… Date: ……..…….…….

Declaration

I hereby declare that I am the Parent/Guardian of the child named above and that I am fully responsible for the payment of his/her fees and other related charges.

I agree that fees are to be paid in full and at the beginning of the term and that fees once paid are not refundable.

I agree that a term's written notice (i.e. three months) is to be given prior to the withdrawal of my child from the school or a term's fees must be paid in lieu thereof.

Name of Parent/Guardian ……..……

Signature of Parent/Guardian ……..……Date: ……..……

FOR OFFICE USE

Date of Application: ……..……

Date of Admission: ……..…….

Admission Number ……..…...……..

Class: ……..……

Remarks: ……..……..

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE REQUISITE FEES TO THE ADMINISTRATOR.