



EVANGELICAL LUTHERAN CHURCH SCHOOLS

(PRE-SCHOOL, PRIMARY & JHS)

Tel: +233 (0) 501-397027

AFFIX
PASSPORT
PICTURE HERE

SCHOOL ADMISSION FORM

Please select the school in which you want to enroll your child?

St. Paul's St. Peters Trinity Holy Trinity All Saints St. Andrews

STUDENT INFORMATION

Student's full name as registered on birth certificate (*A copy of your child's birth certificate must be provided*)

Last Name

First Name

Other Names

Date of Birth: ____/____/____ Nationality: _____ Gender: Male Female
 DD MM YYYY

Residential Address: _____

Class Applying for: _____ Year Applying for: _____

Previous School Attended: _____

Reason for Leaving Previous School: _____

FAMILY INFORMATION

Father's Name: _____ Nationality: _____

Tel/Mobile: _____ Occupation: _____

Residential Address: _____

E-mail Address: _____

Mother's Name: _____ Nationality: _____

Tel/Mobile: _____ Occupation: _____

Residential Address: _____

E-mail Address: _____

Guardian Name (If any): _____ Nationality: _____

Tel/Mobile: _____ Occupation: _____

Residential Address: _____

E-mail Address: _____ Relationship with Applicant: _____

MEDICAL HISTORY

Is there any deficiency/impairment? Yes No

If yes, please specify _____

Are there any medical conditions? Yes No

If yes, please specify _____

IMMUNIZATION (for preschoolers)

Please tick one box only to specify your child's immunization status:

- Fully immunized for their age
- Is not fully immunized for their age
- Has a medical reason not been vaccinated

SIGNIFICANT DATA (please tick)

How did you first hear about St. Peter's Lutheran School?

- Facebook School website
- Instagram Parent (please share name): _____
- Twitter Staff (please share name): _____
- Others (please specify): _____

PARENT/GUARDIAN UNDERTAKING

I certify that the information I have written on the application form and the documents I have submitted to be true and accurate.

Parent/Guardian Signature

