

KABED ACADEMY

... EQUIPING FOR FRUITFUL LIVING

CHILD'S
PASSPORT
PICTURE

APPLICATION FORM (REF NO: KCA-----/-----)

PLEASE COMPLETE ALL SECTIONS GIVING FULL DETAILS AS AT TODAY'S DATE

TODAY'S DATE
---/---/---/(dd/mm/yy)

CHILD'S SURNAME	FIRST NAME	OTHER NAMES

CHILD'S DATE OF BIRTH
---/---/---/ (dd/mm/yy)
GENDER: MALE --- FEMALE --- (TICK)

<i>FOR ADMINISTRATIVE USE ONLY (ADMISSION DECISION)</i>

I heard about Kated Academy from _____

1.0 CHILD'S BIOGRAPHICAL INFORMATION

- 1.1 Place of birth:-----
- 1.2 Identity document/passport number:-----
- 1.3 Citizenship:-----
- 1.4 Home Language:-----
- 1.5 Religion/denomination:-----
- 1.6 Year in which child first attended school(if applicable)-----
- 1.7 Total number of years spent at school(if applicable):-----
- 1.8 Current school(if applicable)
 - 1.8.1 name of school:-----
 - 1.8.2 address of school:-----
 - 1.8.3 class/grade/form:-----
 - 1.8.4 Commenced:-----

***NB:** The filling of this form does not in any way mean your child/ward has been admitted into the school. You will be required to fill a less detailed form once your child /ward is admitted as well as bring some relevant documents.

2.0 FATHER'S BIOGRAPHICAL INFORMATION

- 2.1 Surname:-----
- 2.2 Forenames:-----
- 2.3 Identity document/passport number:-----
- 2.4 Marital status:-----
- 2.5 Occupation (state nature of work):-----
- 2.6 Employer (if self employed, state name of company):-----
- 2.7 Employer's address:-----
- 2.8 Home address (not post box number):-----
- 2.9 Postal address (if different from 2.8):-----
- 2.10 Telephone numbers:-----
 - 2.10.1 Home (-----)-----
 - 2.10.2 Business (-----)-----
 - 2.10.3 Email (-----)-----

FATHER'S
PASSPORT
PICTURE

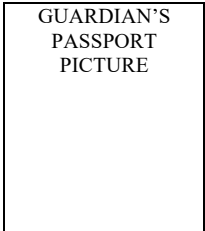
3.0 MOTHER'S BIOGRAPHICAL INFORMATION

- 3.1 Surname:-----
- 3.2 Forenames:-----
- 3.3 Identity document/passport number:-----
- 3.4 Marital status:-----
- 3.5 Occupation (state nature of work):-----
- 3.6 Employer (if self employed, state name of company):-----
- 3.7 Employer's address:-----
- 3.8 Home address (not post box number):-----

GUARDIAN'S
PASSPORT
PICTURE

- 3.9 Postal address (if different from 4.8):-----
- 3.10 Telephone numbers:-----
- 3.10.1 Home (-----)-----
- 3.10.2 Business (-----)-----
- 3.10.3 Email (-----)-----

4.0 GUARDIAN'S BIOGRAPHICAL INFORMATION



- 4.1 Surname:-----
- 4.2 Forenames:-----
- 4.3 Relationship with child-----
- 4.4 Identity document/passport number:-----
- 4.5 Marital status:-----
- 4.6 Occupation (state nature of work):-----
- 4.7 Employer (if self employed, state name of company):-----
- 4.8 Employer's address:-----
- 4.9 Home address (not post box number):-----
- 4.10 Postal address (if different from 4.8):-----
- 4.11 Telephone numbers:-----
- 4.11.1 Home (-----)-----
- 4.11.2 Business (-----)-----
- 4.11.3 Email (-----)-----

5.0 THIS SECTION MUST BE COMPLETED BY THE PERSON(S) RESPONSIBLE FOR PAYING THE CHILD'S FEES (Please tick)

I/We _____ / _____ hereby apply for a place in Kated Academy for my/our above mentioned son/daughter/ward, commencing with the _____ term in 20_____ and I/we agree :

- 5.1 to pay in full the fees as laid down and as amended by the school from time to time before the commencement of each term _____. (tick if option is chosen)
- 5.2 to pay in part the fees as laid down and as amended by the school from time to time before the commencement of each term and the remaining fees at the beginning of each term _____. (tick if option is chosen)
- 5.3 to pay as soon as accounts are rendered of all charges incurred on behalf of my child.
- 5.4 to give **one full term's notice in writing** before withdrawing my child ,or pay a full term's fees in lieu of such notice

Signature (father/guardian)

Signature (mother/guardian)

6.0 THE FOLLOWING MUST ACCOMPANY THIS APPLICATION FORM WHICH SHOULD BE FORWARDED TO THE SCHOOL:

- 6.1 Certified copy of child's birth certificate and identity document (passport)
- 6.2 Certified copies of school reports: (for children from other schools)
 - 6.2.1 latest end-of-term report
 - 6.2.2 latest end-of-year report
- 6.3 Copy of child's / vaccination card (For children \leq 5)
- 6.4 Copy of both parents' / guardian's Identity (National ID) and Passport
- 6.5 A passport picture of both parents and 2 of child's

COMMUNICATION INFORMATION

NUMBER TO CONTACT IN CASE OF EMERGENCY: _____
NAME _____
EMAIL FOR COMMUNICATION _____
NUMBER FOR COMMUNICATION THROUGH SMS _____
FACEBOOK _____
INSTAGRAM _____

OUR CONTACTS/ LOCATION

TELEPHONE NUMBERS : +233 24 6038878 (whatsApp)

+233 24 4717662

+233 24 4205500

POST OFFICE BOX: P.O.Box OS 1295, OSU, ACCRA

E-MAIL ADDRESS: kabed@kabedacademy.com

WEBSITE ADDRESS, Facebook: kabedacademy Instagram : kabedacademygh

LOCATION: C795/4, KUSIA STREET, NEAR ATTC, KOKOMLEMLE.

NB: IN THE CASE OF ANY DIFFICULTY IN FILLING THIS FORM PLEASE CONTACT THE SCHOOL'S ADMINISTRATOR THROUGH THE ABOVE CONTACT NUMBERS. PLEASE RETURN ALL FORMS TO THE ADMINISTRATOR OF THE SCHOOL.

CHILD'S NAME _____

CHILD'S MEDICAL HISTORY

IMMUNIZATION(DOSES & DATES)

Please write dates child was immunized in the boxes provided

BCG	DOSE 1	DOSE 2	DOSE 3
POLIO			
DIPHTHERIA			
WHOOPING COUGH			
TETANUS			
MEASLES			
YELLOW FEVER			
VITAMIN A			
5 IN ONE			

WEIGHT(KG) _____ HEIGHT(m) _____

BLOOD GROUP _____ Rh FACTOR _____

SICKLING _____

ALLERGIES _____

GENERAL PHYSICAL IMPRESSION _____

ANY MEDICAL CONCERN _____

NAME OF MEDICAL PRACTITIONER _____

SIGNATURE AND STAMP _____ DATE _____

NB: To be filled by a medical practitioner (Registered Doctor) KINDLY STAMP