PINNACLE ELITE EDUCATIONAL COMPLEX

WT-0110-9236, Kwamenakrom-Hilltop, Tarkwa, Western Region
Tel: 024 598 5265 / 055 295 2261

APPLICATION FOR ADMISSION

Academic year 20_____ / 20_____ Form No. _____

Affix a recent passport photograph

Class placement. A child is placed in a class by age as at **1 September** of the academic year.

Age	Under 2	2	2–3	3–4	4–5	5–6	6–7	7–8	8–9	9–10	10–11	11–12	12–13	13–14
Class	Creche	Nurs. 1	Nurs. 2	KG 1	KG 2	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9

Documents to submit with this form
1. Registration fee (set each year by the Accounts Office) 2. Photocopy of the birth certificate 3. Proof of immunisation for pre-school children (e.g. weighing card) 4. Special health certificate, if the child has a particular health condition

Incomplete forms will not be accepted.

1 DETAILS OF THE CHILD

Surname	First name	Other names
Date of birth (day / month / year) ☐☐ / ☐☐ / ☐☐☐☐	Gender ☐ Male ☐ Female	Class applying for
Nationality	Nationality of father	Nationality of mother
Home address		
GPS / digital address	NHIS number (if any)	Start date (day / month / year) ☐☐ / ☐☐ / ☐☐☐☐

Will the child use the school bus? ☐ Daily ☐ Sometimes ☐ No

2 PARENTS / GUARDIANS

Parent / guardian 1

Surname	First name	Other names
Relationship to the child	Occupation	Employer / place of work
Phone	WhatsApp (if different)	E-mail

Parent / guardian 2

Surname	First name	Other names
Relationship to the child	Occupation	Employer / place of work
Phone	WhatsApp (if different)	E-mail

Fee bills and school messages should go to: ☐ Parent / guardian 1 ☐ Parent / guardian 2 ☐ Both

3 EMERGENCY CONTACT (OTHER THAN THE PARENTS ABOVE)

Full name	Relationship to the child	Phone

Persons authorised to pick up the child (besides the parents):

Name	Relationship	Phone
Name	Relationship	Phone

4 HEALTH

Is the child in normal health?	☐ Yes ☐ No
Does the child have normal eyesight?	☐ Yes ☐ No
Does the child have normal hearing?	☐ Yes ☐ No
Has the child been fully immunised?	☐ Yes ☐ No

If you answered no to any question above, give details	
Allergies (food, medicine, other) and any medication the child takes	
Family doctor / clinic and phone	Blood group (if known)

5 LEARNING AND DEVELOPMENT

Any learning difficulty, disability or special support needed
Special talents, interests or achievements

6 PREVIOUS SCHOOLS ATTENDED

Name of school	Head teacher	From (year)	To (year)	Class on entry	Class on leaving

7 TERMS AND DECLARATION

Fees. Fees paid are not refundable. Fees are paid in advance or on the day school reopens. A full term's notice is required before a child is withdrawn, or a term's fees are paid in place of notice.

I declare that the information in this form is true and complete, and I agree to:

- uphold the rules, regulations and values of Pinnacle Elite Educational Complex;
- pay all fees and charges promptly, as required;
- support my child's learning and personal growth in partnership with the school;
- allow the school to act in my child's best interest in an emergency, including seeking medical care;
- read the Parent & Pupil Handbook and sign its acknowledgement and consent forms.

Name of parent / guardian	Signature	Date (day / month / year) ☐☐ / ☐☐ / ☐☐☐☐

FOR OFFICE USE ONLY

Admission number	Date of admission	Class placed in	Registration fee receipt no.

Received by (name)	Signature	Date

☐ Birth certificate copy ☐ Immunisation proof ☐ Passport photograph ☐ Fee paid ☐ Entered in the system