

CROWN PRINCE ACADEMY

(Early Childhood Development Centre / Primary & Junior High School)



***Slogan:* SENDING LEADERS TO THE WORLD**

ADMISSION APPLICATION FORM

P.O. BOX AT 1486 ACHIMOTA-ACCRA
(BEHIND KATA INT. HOSTEL)
OFF LAPAZ KWASHIEMAN
MOTORWAY

E.C.D.C

Website: www.crownprinceacademy.com E-mail: crownprinceacademy@yahoo.com

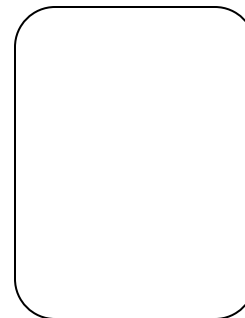
APPLICANT'S PERSONAL INFORMATION

Applicant's Name (In full)

.....
Surname Middle Name (if any) First Name

Nationality

.....
Applicant Father Mother



Mother (Please tick where necessary)

Alive Deceased Unknown

Siblings

(Please indicate no.)

Male

Female

Gender

Male

Female

Applicant's Date of Birth

.....
Date Month Year

Father

Alive Deceased Unknown

Both Parents are (Please tick where necessary)

Living together Separated Divorced

Who pays applicants school fees?

Name / Organization

Mr. Mrs. Dr. Prof.

Address.....

PhoneE-mailRelationship to Applicant

Parent / Guardian Information

Male

Mr. Mrs. Dr. Prof.

Occupation Employer

Address.....

PhoneE-mailRelationship to Applicant

Female

Mrs. Dr. Prof.

Occupation Employer

Address.....

PhoneE-mailRelationship to Applicant

APPLICANT'S MEDICAL INFORMATION

Applicant has normal health Yes No

If No, please specify

Applicant has normal eyesight Yes No

If No, please specify & attach prescription

Applicant has normal hearing Yes No

If No, please specify & attach prescription

Any other health information including allergies (food)

.....
.....

Has Applicant been fully immunized? Yes No

APPLICANT'S PREVIOUS SCHOOLING INFORMATION

Name of school	Name of Headmaster / Headmistress	Date attended		Class / Grade / Form	
		From	To	From	To

APPLICANT'S PSYCHOLOGICAL WELL BEING

*(Please answer the following as **precise** as possible)*

How well adjusted and cooperative is the applicant? Please provide examples.

.....
.....
.....

What is his / her best quality? (Character)

.....
.....
.....

What is applicant's main interest? (e.g. hobbies, cultural activities, kind of literature, singing etc)

.....
.....

Does applicant have any significant history of past psychological trauma? Yes No *(Please explain if Yes)*

.....
.....

Residential Information

Location of residence (residential address)

.....
.....

Type of residence

(Please *tick* where applicable and explain if *other*)

<u>Compound House</u>	<u>Rented apartment / flat</u>	<u>Own apartment / flat</u>
Single room s/c <input type="checkbox"/>	Single room s/c <input type="checkbox"/>	Single room s/c <input type="checkbox"/>
2 bedroom s/c <input type="checkbox"/>	2 bedroom s/c <input type="checkbox"/>	2 bedroom s/c <input type="checkbox"/>
3 bedroom s/c <input type="checkbox"/>	3 bedroom s/c <input type="checkbox"/>	3 bedroom s/c <input type="checkbox"/>
4 bedroom s/c <input type="checkbox"/>	4 bedroom s/c <input type="checkbox"/>	4 bedroom s/c <input type="checkbox"/>
other <input type="checkbox"/>	other <input type="checkbox"/>	other <input type="checkbox"/>

.....
.....
.....

Notice:

Parents are to note that fees paid are not refundable. Parents are to give a term’s notice in case of withdrawal or pay a term’s fee in lieu of notice. Fees should be paid in advance or on the day of re-opening.

Date Name Signature

Please attach to the application form the photocopy of applicant’s birth certificate. Completed application form and all other documents must be returned by at the latest.



Office Use Only

Date of registration Registration number

Date of admission Admission number