



LCS ADMISSION FORM

Thank you for your interest in Leadership Community School (LCS) - Wa.

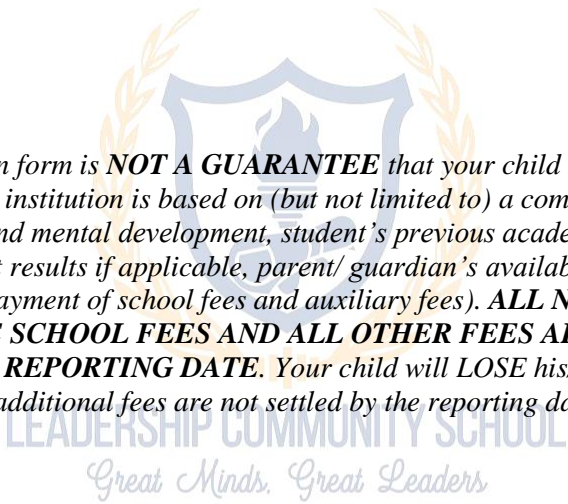
We are excited to share information with you about our community and answer any questions you may have regarding admissions. Please complete this admission form and we will contact you if your child gains admission to our institution. You may also contact us via any of the numbers below if you have any questions.

NON-REFUNDABLE AMOUNT DUE IMMEDIATELY

- **APPLICATION FEE : GHC 30**
To cover costs related to processing applications, an Application Fee will be charged for all new applications for enrolment.

DISCLAIMER

Completion of this Admission form is **NOT A GUARANTEE** that your child would be accepted into our institution. Admission to our institution is based on (but not limited to) a combination of the following factors (student's physical and mental development, student's previous academic performance if applicable, entry-assessment results if applicable, parent/ guardian's availability, our general assessment on the parents/ guardians, payment of school fees and auxiliary fees). **ALL NEW ADMISSIONS ARE ONLY VALID WHEN THE SCHOOL FEES AND ALL OTHER FEES ARE PAID IN FULL BEFORE THE OFFICIAL REPORTING DATE.** Your child will **LOSE** his/ her admission slot if the **FULL** school fees plus **ALL** additional fees are not settled by the reporting date.



Sign below to show your consent of the above Conditions of Admission before proceeding:

Signature:

Name of Parent/ Guardian:

Date:

**All fields in this form are mandatory.*



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**PLEASE ATTACH YOUR
CHILD'S PASSPORT-SIZED
PHOTO HERE**
*(Write his/ her full name and your phone
number behind the photo)*

CHILD'S INFORMATION

Child's Surname:

Child's First Name:

Child's Middle Name (if applicable):

Child's Gender: Male Female Date of Birth:/...../..... (dd/mm/yyyy)

Child's Place of Birth: Child's Nationality:

A. Does this child have other siblings in Leadership Community School (LCS) – Wa? : Yes No

B. If YES, provide their details below:

NAME OF SIBLING	LEVEL / CLASS	WHICH YEAR DID THEY SART?

PARENT/GUARDIAN'S INFORMATION

- A. BOTH PARENTS ARE ALIVE: Yes No
- B. ONE PARENT IS DECEASED: Yes No
- C. PARENTS ARE DIVORCED: Yes No



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FATHER

Father's name:.....

(First Name) (Middle Name) (Surname)

Address:

Phone Number 1: WhatsApp Line:

E-mail:

Father's Qualification (*highest degree*):

Occupation (s):

Employer's Name:

Employer's Location (*City/ Region*):

Employer's Phone Number :

Religion: Religious Institution:

MOTHER

Mother's name:.....

(First Name) (Middle Name) (Surname)

Address:

Phone Number 1: WhatsApp Line:

E-mail:

Mother's Qualification (*highest degree*):

Occupation (s):

Employer's Name:

Employer's Location (*City/ Region*):

Employer's Phone Number :

Religion: Religious Institution:



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GUARDIAN (S)

Guardian's Name (s) :

(First Name) (Middle Name) (Surname)

Address:

Phone Number 1: WhatsApp Line:

E-mail: Relation to Child:

Guardian's Qualification (*highest degree*):

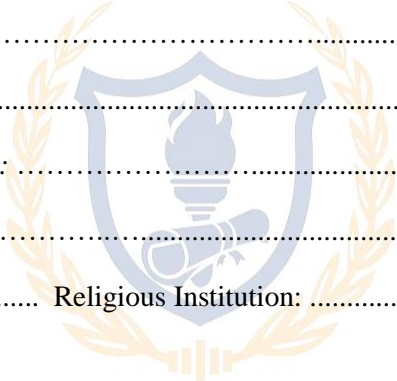
Occupation (s):

Employer's Name:

Employer's Location (*City/ Region*):

Employer's Phone Number :

Religion: Religious Institution:



LEADERSHIP COMMUNITY SCHOOL

Great Minds. Great Leaders

CHILD'S ACADEMIC INFORMATION

- A. Has the child attended any Pre-School before? Yes No
- B. If YES, provide Name (s) of the school (s):
- C. Reason for leaving the above-mentioned school (s):
- D. Anticipated Class/ Level for the Child: CRECHE NURSERY 1 NURSERY 2
 KINDERGARTEN (KG) 1 KINDERGARTEN (KG) 2
- E. Does the child have any peculiar learning disabilities?: Yes No
- F. If YES, name/ explain:



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Please note that your anticipated class/ level for your child is **NOT a deciding factor to which class the child would be registered. LCS has a set of Admission procedures and due diligence to undertake in ensuring that your child is registered in a class that **BEST** suits his/ her academic needs.*

ALL OFFICIAL TRANSCRIPTS (SIGNED BY AUTHORISED SCHOOL PERSONNEL) FROM PREVIOUS SCHOOL(S) FOR THE LAST 2 YEARS MUST BE ATTACHED TO THIS FORM.

CHILD’S MEDICAL INFORMATION

A. Medical Conditions of the Child, i.e. conditions from birth, chronic ailments, etc. *(if any)*:

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B. Allergies *(if any)*:

C. Precautions to be taken*:

Please note that medication will **NOT be administered by the teachers/ attendants. However, parents/ guardians may come personally or send an authorised representative to administer any medication.*

COPIES OF ALL MEDICAL REPORTS, DOCTOR’S NOTES AND VACCINATION HISTORY OF THE CHILD MUST BE ATTACHED TO THIS FORM.

OTHER INFORMATION

A. How did you hear about LCS?

Family Friends Web Search Facebook LinkedIn YouTube

Other :.....

B. If you would like to provide any additional information that was not specifically requested, you may use the space below.

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DECLARATION

We declare that the information given above is **true**. We understand and agree that in matters relating to admission and the child’s enrollment offer to Leadership Community School (LCS) - Wa, **the decision of the institution will be final.**

THE RESPECTIVE SIGNATORIES SHOULD SIGN & PROVIDE THE APPLICABLE PHOTOS BELOW:

Signature of the Father: **Signature of the Mother:**

Date: Date:

Signature of the Guardian: **Signature of the Guardian:**

Date: Date:



**PLEASE ATTACH FATHER’S
PASSPORT-SIZED PHOTO
HERE**
*(Write father’s full name and phone
number behind the photo)*

**PLEASE ATTACH MOTHER’S
PASSPORT-SIZED PHOTO
HERE**
*(Write mother’s full name and phone
number behind the photo)*

**PLEASE ATTACH GUARDIAN’S
PASSPORT-SIZED PHOTO
HERE**
*(Write guardian’s full name and phone
number behind the photo)*

**PLEASE ATTACH GUARDIAN’S
PASSPORT-SIZED PHOTO
HERE**
*(Write guardian’s full name and phone
number behind the photo)*