



# 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.*



# LCS ADMISSION FORM

**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



 **LCS ADMISSION FORM**

**FATHER**

Father's name:.....

(First Name) (Middle Name) (Surname)

Address: .....  
.....

Phone Number 1: ..... WhatsApp Line: .....

E-mail: .....

Father's Qualification (*highest degree*): .....

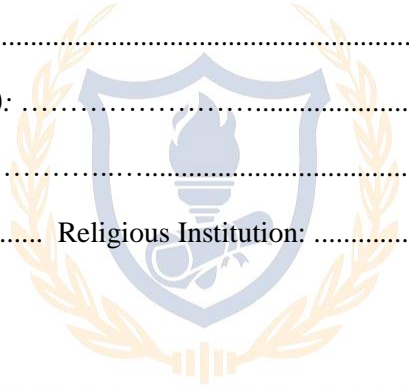
Occupation (s): .....

Employer's Name: .....

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

Employer's Phone Number : .....

Religion: ..... Religious Institution: .....



LEADERSHIP COMMUNITY SCHOOL  
*Great Minds. Great Leaders*

**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*): .....



# LCS ADMISSION FORM

Employer's Phone Number : .....

Religion: ..... Religious Institution: .....

## 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: .....

## CHILD'S ACADEMIC INFORMATION

A. List any previous school (s) the child has attended with the respective academic years?

**Example: XYZ INTERNATIONAL SCHOOL (2018 – 2020)**

.....  
.....



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.....  
 .....  
 B. Reason (s) for leaving the above-mentioned school (s): .....  
 .....  
 .....

C. Anticipated Class/ Level for the Child:  
 BASIC 1  BASIC 2  BASIC 3  BASIC 4  BASIC 5  BASIC 6   
 BASIC 7

D. Does the child have any peculiar learning disabilities?: Yes  No

E. If YES, name/ explain: .....  
 .....  
 .....

*\*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) OR REPORT CARDS 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):  
 .....  
 .....  
 .....

B. Allergies (if any): .....

C. Precautions to be taken\*: .....



# LCS ADMISSION FORM

*\*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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# LCS ADMISSION FORM

## 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.**

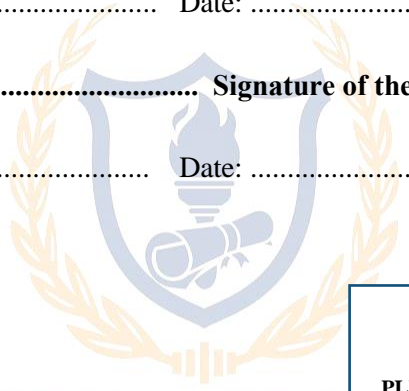
THE RESPECTIVE SIGNATORIES SHOULD SIGN & PROVIDE THE APPLICABLE PHOTOS BELOW:

**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)*