



## ALABASTER CHRISTIAN ACADEMY

### Admission Form

*"Our lives are a Christ-like fragrance rising up to God" 2 Cor 2:15*

Dear Parent,

Welcome! Akwaaba. Thank you for choosing Alabaster Christian Academy (ACA).  
At ACA, we call our learners 'stars'.

ACA aims to work with you to furnish our stars with the knowledge, abilities, and attitudes necessary to contribute to their immediate and wider communities in a positive and impactful way.

We understand that adapting to a new school environment can take some time, so we assure you that we are here to answer your questions and make the process more comfortable.

Welcome to our amazing school community.

Faithfully,

A handwritten signature in black ink, appearing to read 'Emmanuel', is written over a horizontal line.

Rev Emmanuel Amo-Addae

Proprietor.

## Our four-step admission process

1. Kindly submit the following documents on the child:

- Photocopy of Weighing Card - Immunization Column (For only Preschool students)
- Photocopy of Birth Certificate
- 1 passport-sized photograph
- Previous school report for the last 2 terms (if applicable)
- Completed Admission Application Form

2. See a qualified medical practitioner to examine your child and complete and sign the Medical Report Form attached.

3. Submit the completed Admission Form to the school.

The application includes the following

- Documents listed above
- Completed Medical Report Form

4. Pay Fees

Our fees for admission comprise the following

- School Fees:

Please note that for preschoolers, school fees to be paid upon admission will be for the month of admission only. Subsequent monthly payments are due at the beginning of the next month.

For primary schoolers, school fees are to be paid for the term (not monthly).

- Uniforms
- Books
- Other subscribed fees for additional services

**ALABASTER CHRISTIAN ADMISSION FORM**

**A. CHILD'S INFORMATION**

Full name of child (first name, middle name(s), surname)

\_\_\_\_\_

Name by which the child should be called during casual interaction \_\_\_\_\_

Gender (Male/Female)\_\_\_\_\_

Date of Birth (DD/MM/YYYY)\_\_\_\_\_

Country of Birth\_\_\_\_\_

Nationality\_\_\_\_\_

Sibling(s) enrolled at the Alabaster Christian Academy

1. Name of sibling\_\_\_\_\_ Class\_\_\_\_\_

2. Name of sibling\_\_\_\_\_ Class\_\_\_\_\_

3. Name of sibling\_\_\_\_\_ Class\_\_\_\_\_

**B. EDUCATIONAL BACKGROUND**

List all schools previously attended with dates (if any, most recent first)

1. \_\_\_\_\_

2. \_\_\_\_\_

Reasons for leaving

1. \_\_\_\_\_

2. \_\_\_\_\_

What was the last class he/she was enrolled in at his/her previous school (if applicable)? \_\_\_\_\_

**Kindly attach a copy of last school reports**

**C. FAMILY INFORMATION**

**C.1 FATHER**

Father's picture

Father's Name \_\_\_\_\_

Nationality \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mobile No: \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

Current place of employment: \_\_\_\_\_

**C.2 MOTHER**

Mother's picture

Mother's Name \_\_\_\_\_

Nationality \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mobile No: \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

Current place of employment: \_\_\_\_\_

**C.3 SIBLINGS**

Does the child have other siblings? Y/N \_\_\_\_\_

If yes, what is the child's birth order? \_\_\_\_\_

**C.4 CHILD LIVING ARRANGEMENTS**

Child's Residential Address in Ghana (not P.O. Box)

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Child usually lives with (Please Tick where applicable)

- a) Both parents;
- b) Mother alone;
- c) Father alone;
- d) Guardian;

If not with parents or if with guardian please give details

Name of Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Mobile No \_\_\_\_\_

**D. EMERGENCY CONTACT DETAILS**

Mobile no 1 \_\_\_\_\_ Name \_\_\_\_\_

Mobile no 2 \_\_\_\_\_ Name \_\_\_\_\_

Mobile no 3 \_\_\_\_\_ Name \_\_\_\_\_

**E. OTHER DETAILS**

How did you get to know about the school?

- a) Signpost
- b) Radio Advert
- c) Instagram/Facebook
- d) Referral (Name of person)
- e) Other, kindly state

First impressions about ACA

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I hereby declare that all information provided is accurate

Name of person filling the form: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Admitted: Yes/ No

Student no \_\_\_\_\_

Class admitted to: \_\_\_\_\_

General Comments (if any) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Administrator \_\_\_\_\_

## MEDICAL REPORT

This report is to be completed by a licensed practicing physician after a thorough clinical assessment of the star.

### A. IMMUNIZATION HISTORY (applicable to preschoolers only)

Attach copy of relevant page in weighing card or fill the form below:

Vaccine	Yes/No	Dates Given
BCG		
OPV(0-3)		
DPT-HIB-HBV(1-3)		
Rotavaccine		
Pneumovax		
Measles		
Yellow fever		
Vitamin A		
Others (please specify) 1. 2.		

### B. PAST MEDICAL/SURGICAL HISTORY

Condition	Yes/No	Remarks/Management
Any Chronic Disease/Disability Please specify _____		
Previous Hospital Admissions		
Previous Surgeries		

## Allergies

What are the child's allergies?

Food (state specific food) \_\_\_\_\_

Medication (state specific medication) \_\_\_\_\_

Others (please specify) \_\_\_\_\_

## C. PHYSICAL EXAMINATION

	Findings
General Appearance	Height: Weight:
Any abnormalities detected	

## D. LABORATORY INVESTIGATIONS

- ✓ Blood Group \_\_\_\_\_
- ✓ G6PD status \_\_\_\_\_
- ✓ Sickling \_\_\_\_\_

## E. PHYSICIAN'S GENERAL COMMENTS

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Name of Physician \_\_\_\_\_

Signature/Stamp \_\_\_\_\_

Date \_\_\_\_\_