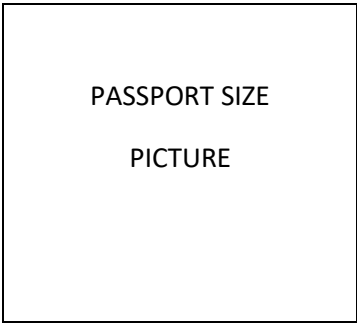


CAROSSEL KIDS SCHOOL

P.O. X618, KUMASI

TEL: +233 540 981 108

EMAIL: carossekids43@gmail.com



ADMISSION FORM

A. CHILD'S PERSONAL INFORMATION

Name:

Surname

First

Middle

Date of

Birth: Nationality:

B. SCHOOL EXPERIENCE

1. Name of

school:

Date of attendance: School Tel:

Location:; Class level:

2. Name of school:.....

Date of attendance: School

Tel:

Location: Class level:

3. Class applying for.....

C. PARENTS INFORMATION

1. Mother's name:

Mobile no..... Residential address.....

Landmark of house:.....

Place of work:..... Postal address:.....

Nationality:..... Hometown:.....

Office Tel:..... Email

address:.....

Father's name.....

Mobile no.:Residence Address.....

Landmark of house:

Place of work:Postal address:

Nationality:Hometown:

Office Tel:Email
address:

Guardian (if any):

Mobile no.:Residence Address.

Landmark of house:

Place of work:Postal address:

Nationality:Hometown:

Office Tel:Email address:

NB: in case of relocation and or change of address, please submit your new address.

Parents should provide the following when submitting the form:

Recent passport size picture - 2

Weighing card (original) for age 1 month - 5yrs - 1

Birth certificate (copy) - 1

National ID card (copy) of any of the parents. - 1

National Health Insurance card (copy) of the child (if any) - 1

Passport size picture of any other person who picks up the child - 1

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D. CHILD'S HEALTH INFORMATION TO BE COMPLETED BY PHYSICIAN

Name of hospital:

Please provide the correct answer to the following question in the spaces provided

1) Blood group.....

2) Sickling.....

3) Vision Yes No

4) Hearing Yes No

5) Speech/Language problem Yes No

6) Development problem Yes No

7) Allergies i.e. Pollen. Allergy, Sickle Cell Anemia, Heart Diseases Etc.

Yes No

Please, specify the allergies.....

Recommendation:.....

8) Does your child have any health condition which may require care or emergency action while in school?

Yes No

Recommendation.....

9) Is the child carrier of known communicable disease which prevents his/her admission to the school?

Yes No

Does the child require a modified diet or special feeding procedure? If yes, specify. Yes No

10) Does the child have a heart condition which limits his/her exercise tolerance? Yes No

Medical Officer's Name:.....

Signature:..... Date:.....,..... Stamp.....

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E. FEEDING/MEAL AT SCHOOL (COMPULSORY)

- + The canteen fee should be paid upfront (daily/monthly/ termly) else student will be denied feeding.
- + The school authority will not be reliable for any casualties for such Daniel.
- + The school shall provide food twice a day for children of two years and above.
- + Thrice for the children below two years.
- + However, you can also put some snacks in the child's bag.
- + If for some reason, a child may request special meals beside the school menu to suit his or her dietary requirement, the parent or the legal guardian should write officially to the Head of school with a proof from a recognized medical doctor for approval.
- + Parents have the right to request for the school menu chart.

F. CAROSSEL AGREEMENT FORM

- + Parents are welcome to visit the school at all times so long as it does not interrupt the staff or children.
- + School fees must be paid in full on the day of reopening. However, parents who are not able to pay their ward fee within 2 weeks will not be allowed to come to school.
- + **In case of cancellation of admission, 20% of any amount paid will be deducted.**
- + Now entrants are required to submit medical report from recognized health facility.
- + Parents shall be called to pick up their wards in ip case of emergencies.

In case of medical emergency, I gives the facility (CAROSSEL) Kids School permission to obtain emergency medical care for my child with the hospital of their choice and I will bear financial cost involved, but in case of a lesser emergency prefer to be called.

- There will be no vacation, except public holiday and short break during Christmas and Easter fest seasons for the kids at creche and pre-school.
- If child happens to be sick, or will be absent for one reason or the other, parents must report to school authority or can call the number below to notify the school.
- When it is a child's birthday, the child would be allowed to share gifts and celebrate with his or friends in the school only on Fridays. All birthdays should wait till the last school day of the week.
- No Serving of food apart from Snacks & drinks.
- The school opens at 7:00am from Monday to Friday and closes at 3pm. However, every child stays beyond 4:00pm shall pay GH 15.00 per hour as late picking fee. The school gate closes from 6:00pm on Monday to Friday.
- The school requires the child to go through medical examination in a recognized medical center and a report submitted for the school to know the health condition of the child.
 - We require parents to provide original weighing card of their wards to the school.
- When a parent wishes to terminate our services, they should put termination into writing. If the parent is terminating the contract due to misconduct, abuse or negligence by a staff, you should state in the notice.

G. OFFICIAL USE ONLY

Name:Admission No:

Date of Admission.....First Class Attended:

SCORES ON INTERVIEW/EXAMINATION CONDUCTED.

➤ LOWER PRIMARY

SUBJECT	NO. QTNS	EXPECTED MARKS	RESULT	REMARKS
MATHEMATICS	4	20		
ENGLISH GRAMMAR	5	10		
ENGLISH ESSAY	1	10		
ORAL INTERACTIVE	4	15		
READING	1 page	15		
SOUNDS	3	15		
ORAL ENGLISH		15		

UPPER PRIMARY

SUBJECT	NO. QTNS	EXPECTED MARKS	RESULT	REMARKS
MATHEMATICS	4	20		
ENGLISH GRAMMAR	5	20		
ENGLISH ESSAY	1	20		
ORAL INTERACTIVE	4	10		
READING	1 page	10		

SOUNDS	3	10		
SCIENCE	2	10		

Scores required 50%

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KINDERGARTEN 1 &2

SUBJECT	EXPECTED MARKS	RESULT	REMARKS
WRITING ACTIVITY ($\frac{1}{2}$ page)	10		
MATHS	15		
SOUNDS	20		
ORAL AND AUDITORY	10		
GRAMMAR	10		
IDENTIFICATION (numbers, colors, alphabets)	25		
READING (1 PAGE)	10		
TOTAL	100%		

NURSERY

SUBJECT	EXPECTED MARKS	RESULT	REMARKS
IDENTIFICATION (number's, colour, alphabets)	30		
TRACING	25		
SOUNDS	20		
ORAL AND AUDITORY	25		
TOTAL	100%		

NB: if the child does not meet the required scores, he/she shall be repeated or not gain admission in the school

Head of School recommendation/ Observation:

Signature:.....Date:.....

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