

FOR OFFICE USE ONLY
 Date:
 Account No:
 App. Fee Paid:
 Entrance Exam Fee Paid:
 Admission Fee Paid:
 Entrance Test Score
 Eng.: Math:
 Interview Score:

Please Attach
 Recent Photo

GIU International
Christian Academy
APPLICATION FOR PRIMARY

APPLICANT'S PERSONAL DATA

Student's Full Name: _____ Age /(Birth date) : (/ / : M/ F)
 Student's Home Address (Physical Address): _____
 Applying for the grade: ____
 Religion: _____
 Ethnicity: Ghanaian/West African/Asian/Indian/European/American/Middle East/ Other: _____
 Contact person in case of emergency : _____ Phone #: _____

Father/ Male Guardian (Relation: _____)
 (Dr./Mr./Rev.) _____

E-mail:
 Final School Attended:
 Occupation:
 Job Title:
 Mobile Phone:
 Religious Preference:
 Member of Church:
 ** Email information is very important. School only communicates with parents through emails and letters.

Mother/Female Guardian (Relation: _____)
 Name (Mrs./Dr.) _____

E-mail:
 Final School Attended:
 Occupation:
 Job Title:
 Mobile Phone:
 Religious Preference:
 Member of Church:
 ** Email information is very important. School only communicates

with parents through emails and letters.

Please circle the following if applicable

Father Deceased / Mother Deceased / Parents Separated / Parents Divorced / Father Remarried /
 Mother Remarried
 Student(s) live(s) with: Both Parents /Father /Mother /Stepfather /Stepmother /Guardian /Other:
 Ethnicity: Ghanaian/West African/Asian/Indian/European/American/Middle East/ Other: _____
 Nationality: _____
 Send Mail to: Father / Mother / Guardian / Other email address:
 Legal Custody: Father / Mother / Guardian / Other

FINANCIAL RESPONSIBILITY

Financial Responsibility by: Father/ Mother / Guardian / Other (Name: _____)
 Contact Number: _____

ADDITIONAL INFORMATION

Has the student ever been tested / noticed to diagnose learning disabilities / difficulties or ADD/ADHD?
Yes / No (If yes, please attach a copy of the report. Date of testing Diagnosis)

Is the student now or have they previously been (please check and explain in the space below):

- Under the care of a psychologist/psychiatrist?
- Receiving medication for psychological or emotional distress?

Has the student ever been suspended, expelled, or asked to leave any school? Yes / No
If yes, please explain.

Is the student eligible to return to all previously attended schools? Yes / No

Please indicate any special circumstances that may have interrupted or affected the student's performance in School and/or other explanations from the questions above in the space below.

May we use your student's individual name and/or individual visual image in any GICA internal and external communications (e.g. website, newsletters, advertisements, press releases, media events, etc.) for marketing and public relation purposes? Yes / No

Please explain any other information you feel would be helpful to us in evaluating the student.

EXTRA-CURRICULAR INTERESTS

Student is interested in: Academic Competition Musical Instrument lesson
 Other

What musical instrument does this student play, if any?

If student is interested in athletics, which sport(s)?

ACADEMIC INTEREST

Why do you want to continue your ward to attend GIU International Christian Academy?

Please indicate the school to apply for next level of education: