

Please Attach
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APPLICATION FOR JHS & SHS

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

APPLICANT'S PERSONAL DATA

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

(Please fill out the following boxes that is responsible for financially for the student(s))

Father/Male Guardian (Relation: _____)
Name (Dr./Mr./Rev.) _____
Home Address _____
Phone _____
E-mail _____
Final School Attended _____
Occupation _____
Job Title _____
Employer _____
Mobile Phone _____
Religious Preference _____
Member of what Church _____

Mother/Female Guardian (Relation: _____)
Name (Mrs./Dr.) _____
Home Address _____
Phone _____
E-mail _____
Final School Attended _____
Occupation _____
Job Title _____
Employer _____
Mobile Phone _____
Religious Preference _____
Member of what Church _____

Please circle the following if applicable
(Father Deceased / Mother Deceased / Parents Separated / Parents Divorced / Father Remarried / Mother Remarried)
Student(s) lives with: Both Parents /Father /Mother /Stepfather /Stepmother /Guardian /Other
Send Mail to: Father / Mother / Guardian / Other
Legal Custody: Father / Mother / Guardian / Other email address: _____
Financial Responsibility by: Father/ Mother / Guardian / Other (Name: _____)
Contact Number: _____ Location: _____

EDUCATIONAL BACKGROUND (Previous Attended Schools)

Primary School(s): _____ Location: _____
JHS: _____ Location: _____
SHS: _____ Location: _____

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.
- Involved in a drug or alcohol.

Has the student been arrested or had charges filed against them by any police department? Yes/No
If yes, please explain.

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.

EXTRA-CURRICULAR INTERESTS

Student is interested in: Academic Competition Musical Instrument lesson Student Government
 Spiritual Leadership Training Community Service Other

What musical instrument does this student play, if any?

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

ADDITIONAL INFORMATION

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

How did you know about GIU International Christian Academy?

Please list Universities which you intend to apply after the completion of the Senior High School?

What examination do you prefer to take to enter the university?

- "A" Level SAT WASSCE

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.
