

Accra Grammar School

Admission Application

This form should be completed by the applicants parents or guardians

Student Information

Applicants Name:

Last

First

Middle

Preferred

Date of Birth: _____

Gender:

Nationality: _____

Girl

Boy

Parents and Guardians

Title

First

Last

Middle

Relationship

Title

First

Last

Middle

Relationship

Home Address: _____

City: _____

Phone: _____

Post Address: _____

City: _____

Country: _____

Academic Background

Schools Attended (attach copies of any certificates, report cards or transcripts obtained)

Name of Previous School	City/Country	Contact Name/Phone	Years	Grade

Previous Grade: _____

Grade Sought: _____

My Signature below affirms that

I have read and understood the requirements for admission, and the above information is accurate. I understand that AGS reserves the right to contact my child's former school for information. I also understand that AGS is not obligated to offer admission by virtue of this submission.

Signature: _____

Date _____



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Web Site :http://www.agsedu.org

ACCRA GRAMMAR SCHOOL
HEALTH INFORMATION DOCUMENT

Date:

Student <i>(Last, First M.I)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	DOB:
Height:	Weight:		
Family Doctor:	Doctors Phone #:		

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE STRICTLY CONFIDENTIAL

Childhood illness:	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio			
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia		
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox		
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>		

List any medical problems that doctors have diagnosed

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

Name the Drug	Strength	Frequency Taken

Allergies and Conditions

Name (state condition or drug as well)	Reaction You Had

Do you wear glasses or have eye sight problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have problems hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have urinal or bladder problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have problems with eating or your appetite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you cry frequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BY SIGING BELOW

I attest to the fact that the information provided is accurate.
 I authorize the school to administer first aid to my child in case of emergency.
 I agree that in case of emergency and in my absence the school may give consent for the treatment of a child.

Parents Name: _____ Date: _____ Emergency Phone#: _____



Accra Grammar School

Enrollment Contract

Student:

Last name**first name****middle name**

If accepted for admissions and upon my payment of the appropriate enrollment fees, please enter my child as a student at Accra Grammar School (AGS), Oyibi, Ghana for the full school year. Enrollment is subject to general statements, rules, regulations, conditions, traditions, and financial terms contained in the Board Statutes, Family Handbook and the tuition invoice. I understand the following:

Mission

1. I faithfully agree with mission and goals and philosophy of Accra Grammar School as published.
2. AGS is a private, co-educational, second cycle international school. English is the language of instruction.

Enrollment

3. Admission of a student is subject to the approval of the school's administration. Proof of age (passport or birth certificate), completed registration documents including medical form, confidential school report form and previous school records, are all required before an application can be processed. Previous school records, a student's age, interview and placement tests where necessary, determine grade placement. The final decision on grade placement is at the discretion of the school's administration. You authorize AGS to contact schools and other sources to obtain information to support this application. I understand that any records obtained pursuant to my consent will be treated as confidential and only reviewed or disseminated within AGS as necessary to make an admission and class placement decision. I further understand that I will hold AGS harmless in gathering information from other sources and acting upon that information in the admission and placement processes.
4. Graded applicants should have attained the grade age by September 1 of that academic year, and other grades shall follow suit with age rules. Students will be assessed at the end of the school year or within and advanced to the next grade.
5. AGS after acceptance for admission will require (emergency contact information, authorized list of persons who can pick up the child, birth records, health records) that must be completed and returned to AGS before the child may commence classes.

Fees

6. Payment of a non-refundable Application Fee of is required of all students. Applications will not be processed without this fee.
7. Tuition Fees are payable on a trimester basis, according to the fees applicable to each grade. Tuition Fees must be paid prior to the first day of each trimester, unless otherwise negotiated.
8. All students are enrolled for the school year unless expressly agreed to in writing to the contrary. The application fee is non-refundable. The only circumstance in which Tuition Fees may be refunded is if the Board of AGS expressly authorizes it. In such cases, Tuition Fees will be pro-rated and refunded for any days during which the student will not be in attendance.
9. Tuition fees and bank transfers can be paid directly in the AGS bank accounts. Proof of a bank Transfer or deposit must be provided to AGS, for issuance of a valid receipt. Bank charges relating to transfers will be borne by the parent making the transfer. Students will not be allowed to attend classes if tuition is not paid by stated deadlines unless other acceptable arrangements in writing are made with the school. Checks returned for not sufficient funds will attract a penalty.



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Enrollment Contract

10. Additional fees may be charged for special learning support services or therapists, such fees will be approved by the Parent Teacher Forum.
11. I agree that the school reserves the right to resort to any legal means to retrieve fees owed to it. The school can employ the services of a third party source through a power of attorney to collect any outstanding balances due to the school. Parents also have a right to arbitration should such a situation arise.

Books

12. All textbooks and library books are properties of AGS and are to be returned in good condition upon the termination of a student's attendance or the school year. A replacement fee will be charged for lost or damaged books.

Personal Belongings

13. AGS is not responsible for damages to or loss of personal belongings.

Codes of Conduct

14. The student and parent agree to abide by the values expressed in the AGS mission statements, as well as codes of conduct published for each division. We understand that inappropriate conduct of the student or parent may result in suspension or expulsion.
15. If a student is unable or unwilling to do assigned schoolwork or when behavior is disruptive or undisciplined on the campus or school events, AGS has the right to terminate enrollment. Before termination occurs, however, school personnel, parents, and the student will work together in an attempt to solve the problem.
16. Disruptive or threatening behavior from a student's parent/guardian will not be permitted and may result in termination of the enrollment of the student.
17. All Parental Obligations not limited to the attendance of parent teacher meetings shall be observed.

Medical Considerations

18. Every student must have a medical form on file in the office. Failure to do so may result in non- or mistreatment of injuries, for which AGS cannot accept responsibility.
19. If in the opinion of a licensed and practicing physician, my child needs emergency medical or surgical services that require parental authorization, and I am not available for such, I hereby authorize AGS to act as my agent for this service. I release AGS from all liability that might arise from giving this authorization.
20. Students NOT participating in athletics are required to submit a parental approval or physical examination statement to establish ineligibility.

Dress Code

21. We believe that the manner in which a student dresses affects his or her behavior and that appropriate school dress is the responsibility of every student and parent. Students are discouraged from dressing in a manner that may be distracting to the point of upsetting the learning process or which violates existing social mores. All students, therefore, are expected to follow the dress code outlined in the Family Handbook. Students refusing to follow the dress code will be suspended or expelled from school.

Limitation of School Responsibility (Before and After School Hours)

22. Students may not arrive prior to thirty (30) minutes before school begins and should leave campus immediately after classes or at the conclusion of their participation in school-sponsored or school-supervised activities. AGS personnel are not available to supervise junior school students on the school premises before 7:00 AM or after 5:00 PM. The school cannot be held liable for mishaps or accidents that may occur to students outside of the regular school hours.

Use of Photographs

23. I understand that photographs of AGS school activities and its students may be used in classroom publications and other AGS internal publications, such as Spider News, I hereby give my consent to the use of the photographs of my child(ren) in such internal publications. I have to through written consent request an exemption from this provision.

Parent name: _____ Date: _____

Parent Signature: _____

Student Signature: _____



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Admission Checklist

THE FOLLOWING WILL BE REQUIRED

1. *Application Form (attach Birth Certificates or equivalent)*
2. *Health Information Form with supporting documents as shown above*
3. *Enrollment Contract (must be signed)*
4. *Letter from billable sponsor or company(optional)*
5. *List of adults who can pick up your child or ward.*

Grade	Ages in Years	Health Information	Other Documents
Pre-School	2 - 3	Immunization	
Pre-School (Scramblers)	3 - 4	Immunization	
Kindergarten	4 - 5	Immunization	
1st Grade	5 - 6	Immunization	Day Care Information
2nd Grade	6 - 7	Immunization	Previous School Report Card
3rd Grade	7 - 8	Immunization	Previous School Report Card
4th Grade	8 - 9	Immunization	Previous School Report Card
5th Grade	9 - 10	Immunization	Previous School Report Card
6th Grade	10 - 11	Immunization	Previous School Report Card.
7th Grade	11 - 12	Immunization	Previous School Report Card/Reference
8th Grade	12 - 13	Immunization	Previous School Report Card/Reference
9th Grade	13 - 14		
10th Grade	14 - 15		Previous Examination Records
11th Grade	15 - 16		
12th Grade	16 - 17		
*12th Grade	17 - 18		



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