

# CROWN PRINCE ACADEMY

(Early Childhood Development Centre / Primary & Junior High School)



***Slogan:* SENDING LEADERS TO THE WORLD**

## **ADMISSION APPLICATION FORM**

**P.O. BOX AT 1486 ACHIMOTA-ACCRA**

**(BEHIND KATA INT. HOSTEL)**

**OFF LAPAZ KWASHIEMAN**

**MOTORWAY**

**E.C.D.C**



## **ADMISSION POLICY**

### **Priorities**

Admission is offered to newly evaluated applicants, based on their creditable performance in entrance examination and social readiness.

### **Applications**

Apart from the Early Childhood Development Centre, application forms for Kindergarten through JHS F.1 are available in March. Crown Prince Academy does not enroll students in JHS F.2 & 3. Parents may pick up an application at the school office or download the appropriate form from the website.

In exception of preschoolers (ECDC), all applicants are given specified schedules for competitive entrance examination. This is followed by interview sections for both prospective pupil(s)/student(s), and their parents/guardians, to determine academic readiness (pupils/students), commitment and ability to meet the needs of the applicants (parents/guardians).

### **Special Needs for Pupils/Students**

Crown Prince Academy does not have specialized facilities or personnel to work with pupils/students who have significant learning differences. The school will evaluate students with learning difficulties on a case-by-case basis with respect to the school's ability to provide those pupils/students a quality education.

The school may deny enrollment to a pupil/student if it determines, at its sole discretion, that it cannot adequately serve the needs of an applicant.

**Placement of an applicant in a particular class is determined by his/her age as at September 1, of academic year.**

<b>AGE</b>	<b>CLASS</b>
Play Group	2 years old
Nursery One	3 years old
Nursery Two	4 years old
Kindergarten	5 years old
Primary One	6 years old
Primary Two	7 years old
Primary Three	8 years old
Primary Four	9 years old
Primary Five	10 years old
Primary Six	11 years old
Jnr. High Sec. F.1	12 years old

### **Required Forms and Fees**

***For admission, parents are required to present:***

- i. Application form and Registration fee  
(To be determined yearly by the Accounts Department).
- ii. Photocopy of applicant's birth certificate
- iii. Evidence of compliance with immunization requirements for preschoolers  
(E.g. Weighing Card)
- iv. Special Health Certificate  
(Applicants with peculiar health conditions)

## APPLICANT'S PERSONAL INFORMATION

### Applicant's Name (In full)

.....  
Surname

.....  
Middle Name (if any)

.....  
First Name

### Nationality

.....  
Applicant

.....  
Father

.....  
Mother

### Mother (Please tick where necessary)

Alive  Deceased  Unknown

### Siblings

(Please indicate no.)

Male .....

Female .....

### Gender

Male

Female

### Applicant's Date of Birth

.....  
Date      Month      Year

Both Parents are (Please tick where necessary)

Living together  Separated  Divorced

### Who pays applicants school fees?

Name / Organization

Mr.  Mrs.  Dr.  Prof.

Address .....

Phone .....

E-mail .....

Relationship to Applicant .....

### Parent / Guardian Information

#### Male

Mr.  Dr.  Prof.

Occupation ..... Employer .....

Address .....

Phone .....

E-mail .....

Relationship to Applicant .....

#### Female

Mrs.  Dr.  Prof.

Occupation ..... Employer .....

Address .....

Phone .....

E-mail .....

Relationship to Applicant .....

## Applicant's Medical Information

Applicant has normal health                      Yes     No

If No, please specify .....

Applicant has normal eyesight                      Yes     No

If No, please specify & attach prescription .....

Applicant has normal hearing                      Yes     No

If No, please specify & attach prescription .....

Any other health information including allergies (food)

.....  
.....

Has Applicant been fully immunized?    Yes     No

## Applicant's Previous Schooling Information

Name of school	Name of Headmaster / Headmistress	Date attended		Class / Grade / Form	
		From	To	From	To

## Applicant's Psychological Well Being

*(Please answer the following as **precise** as possible)*

How well adjusted and cooperative is the applicant? Please provide examples.

.....  
.....  
.....

What is his / her attitude? (e.g. Friendly, Shy, Playful, Quiet, Aggressive etc.)

.....  
.....  
.....

What is applicant's main interest? (e.g. Hobbies, Cultural Activities, Kind of Literature, Singing etc.)

.....  
.....

Does applicant have any significant history of past psychological trauma?    Yes     No     *(Please explain if Yes)*

.....  
.....



**Notice:**

Parents are to note that fees paid are not refundable. Parents are to give a term's notice in case of withdrawal or pay a term's fee in lieu of notice. Fees should be paid in advance or on the day of re-opening.

Name .....

Date .....

Signature .....

Please attach to the application form the photocopy of applicant's birth certificate. Completed application form and all other documents must be returned by ..... at the latest.

**Office Use Only**

Date of Admission .....

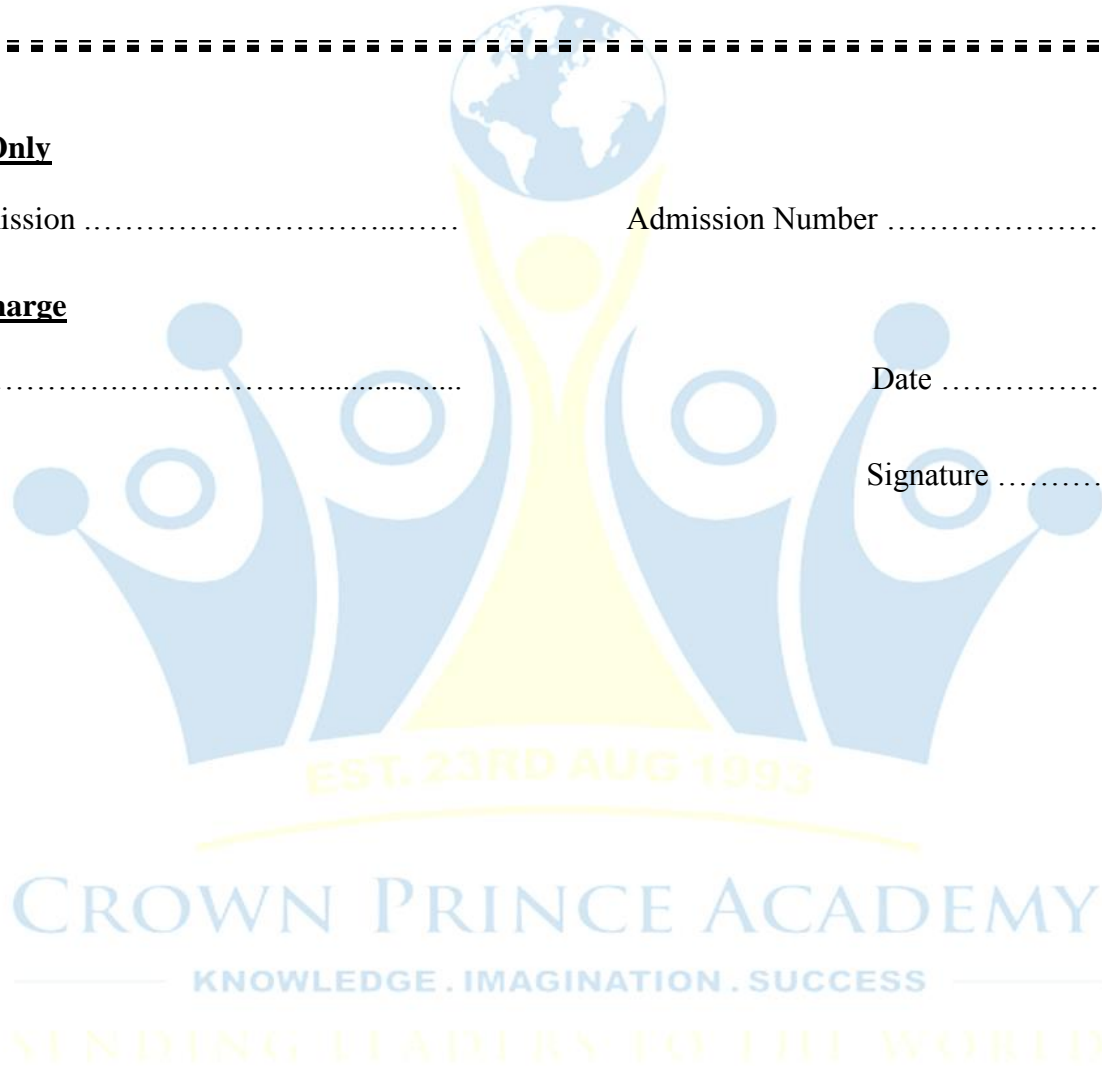
Admission Number .....

**Officer in charge**

Name .....

Date .....

Signature .....





# PARTICIPATION IN SCHOOL ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

## PARENT/GUARDIAN CONSENT FORM

I.....hereby grant permission for my child to use all the play equipment and participate in all activities of Crown Prince Academy (E.g. Community Service, Excursion, Health Screening, Sports, etc.)

I hereby grant permission for my child to leave the school premises under the supervision of the school for any of these programmes.

I also grant permission for my child to be included in evaluation and pictures connected with any of such programmes.

I also grant permission to the school management for the proprietress or head teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact me on this/these telephone number(s):  
.....
2. Attempt to contact my ward's doctor on telephone number(s):  
.....
3. Attempt to contact me through any of the persons listed on the admission form which I completed for you.
4. If you cannot contact me or my ward's doctor, do any of the following:
  - i. Call your company doctor
  - ii. Call an ambulance
  - iii. Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4, above, will be borne by me.

**NB:** The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Name of Parent/Guardian.....

Sign .....

Date .....

Witness .....

Date .....