



ADMISSION FOR ENROLLMENT AT ALPHA BABY NEST SCHOOL

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- ❖ COPY OF BIRTH CERTIFICATE
- ❖ COPY OF WEIGHING CARD WITH VACINATIONS
- ❖ PASSPORT PICTURES OF PARENTS/GUARDIANS
- ❖ PASSPORT PICTURES OF AUTHORIZED RELATIVES TO PICK UP CHILD
- ❖ NON GHANAIS SHOULD ADD PHOTOCOPY OF PASSPORT AND RESIDENT PERMIT OF PARENTS/GUARDIANS
- ❖ MEDICAL REPORT ON SPECIAL NEEDS IF ANY

PLEASE ATTACH CHILD'S
RECENT PHOTO HERE

CHILD'S DATA

SURNAME: _____

MIDDLE NAME: _____

FIRST NAME: _____

FAVOURITE NAME: _____

DATE OF BIRTH (mm/dd/yr): _____ GENDER: MALE FEMALE

NATIONALITY: _____

FATHER'S NAME: _____ OCCUPATION: _____ FATHER'S CELL# _____

MOTHER'S NAME: _____ OCCUPATION: _____ MOTHER'S CELL# _____

(If Applicable) GUARDIAN'S NAME: _____ GUARDIAN'S CELL# _____

CHILD'S PRIMARILY RESIDES WITH (check all that apply) FATHER, MOTHER, OTHER (Please state) _____

CONTACT EMAIL ADDRESS FOR SCHOOL CORRESPONDENCE: _____

PREFERED WHATSAPP NUMBER FOR SCHOOL INFO: _____

ANY ALLERGIES OR MEDICAL CONDITION SCHOOL SHOULD BE AWARE OF? PLEASE STATE

ANY MEDICATION TAKEN FOR GENERAL WELL BEING: _____

COVID STATUS: Positive

Negative

Don't Know

**PLEASE PROVIDE NAMES OF CONTACTS TO PICK UP CHILD APART FROM PARENTS/GUARDIAN
(MINIMUM AGE SHOULD BE 16YEARS)**

NAME: _____ RELATIONSHIP: _____ CELL# _____

NAME: _____ RELATIONSHIP: _____ CELL# _____

EMERGENCY CONTACT NUMBERS

IN CASE OF EMERGENCY, PLEASE LIST CONTACT NAMES AND NUMBERS APART FROM PARENTS

NAME: _____ RELATIONSHIP: _____ CELL# _____

NAME: _____ RELATIONSHIP: _____ CELL# _____

DECLARATION

I, _____ have the authority to admit my child /ward
_____ into the school as the parent/ legal
guardian. I undertake the responsibility of providing any evidence needed to support the information
provided here, if necessary for any reason.

I declare that the statements provided in this application are correct to my knowledge and if found
otherwise, I shall abide by the decision of the management. I agree to abide by the Policies, Regulations
and the fee structure of the school.

Date:

Signature of Parent / Guardian

Name:

N/B: Please how did you get to know about A.B.N.S (Kindly tick any one below and provide names if possible) Thank you

1. Fliers
2. Social Media
3. Family and Friends
4. Teacher of ABNS
5. Parent
6. Other (Specify)

