



Admission Form

Nursery	☐ half day	(until 12:30	pm)	all day	(until 3:45 pm)
Kindergarten	☐ half day	(until 12:30	pm)	all day	(until 3:45 pm)
Primary	☐ Cl. 1	☐ Cl. 2	☐ Cl. 3	☐ Cl. 4	
Secondary	☐ CI. 5	☐ CI. 6	☐ CI. 7	☐ Cl. 8	
Entry Date Expected length of stay * Please note: Despite the the official deregistration	e expected ler	ngth of stay in	dicated, a wr	itten deregist	tration must be made on
Personal Details of the	student				
Name, First Name(s)					
Date of Birth, Place of	Birth				Photo
Nationality					
Mother tongue					
Second and Third Lang	guage				
Religion					
Previous Kindergarten/	schools				







Special educational needs		
Are there any special educational needs (LRS, dyscalculia, ADHD, etc.)? □ yes	☐ no
If so, what type * Please note that the school reserves the right to reassess the child's suitabilit support is subsequently identified or concealed.	ty for school	if a need for
Does your child suffer from allergies?	☐ yes	no
If yes, which?		
Are there any chronic illnesses?	yes	□no
If so, what type?	уез	
Personal Data Legal Guardian		
Legal Guardian 1		
Name, First Name(s)		
Mobile Phone Number		
E-Mail address		
Work		
Employer, Work Place		
Legal Guardian 2		
Name, First Name(s)		
Mobile Phone Number		
E-Mail address		
Work		
Employer, Work Place		



Ring Road Central P.O. Box 30326 K.I.A. Accra, Ghana



+233 30 222 3522



www.dis-accra.org







Residential address in Ghana
Home address
In an emergency, please call the following person * The school is a member of WARA. The school does not provide accident insurance for pupils.
Name, First Name(s)
Mobile Phone Number
Relation to family
How did you hear about us?
Information on invoicing
Billing address
Bank account (for possible refunds)
Payment of school fees by the employer:
☐ at 70 % - 100 % → Full-payer rate
☐ less than 70 % → Self-payer tariff
Parent Group
☐ I/We would like to be included in the parent groups. I/We agree that our phone numbers and email addresses may be shared with the parent representatives.



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Please enclose a copy of the following documents with the application:

- Valid passport of the child
- Report cards of the child from the last two school years
- Special educational report, if applicable
- Valid passport of the legal guardian
- For employees: Proof of employment from the employer
- For self-employed persons: Name and address of the company, registration number, TIN number, VAT number, etc.

Admission regulations

- 1. With this application I/we join the school association of the German International School Accra. The school association is the responsible body of GISA and the members elect the school board as their representatives in the general meeting. You will receive a copy of the statutes with your application.
- 2. I/we have taken note of the payment modalities including the cancellation deadlines.

I/we hereby confirm that the information provided above is correct and that I/we have taken note of the admission regulations.

Date, Signature Legal Guardia	an 1	
Date, Signature Legal Guardia	an 2	
For internal use:		
Receipt Administration:	 Date	Signature Administration
Admission confirmation:	 Date	Signature Head of School
Distributor for information and Accountant:	further processing:	
7.000dittarit.	Date	Signature
Head of KG /Class Teacher:	Date	Signature
Back to Administrative Assista	ince	

Form version 2024/03











