

Admission Form

- Nursery ☐ all day (until 3:45 pm)
- Kindergarten ☐ all day (until 3:45 pm)
- Primary ☐ Cl. 1 ☐ Cl. 2 ☐ Cl. 3 ☐ Cl. 4
- Secondary ☐ Cl. 5 ☐ Cl. 6 ☐ Cl. 7 ☐ Cl. 8 ☐ Cl. 9 ☐ Cl. 10
☐ Cl. 11 ☐ Cl. 12

Entry Date _____

Expected length of stay * _____

* Please note: Despite the expected length of stay indicated, a written deregistration must be made on the official deregistration form.

Personal Details of the student

Name, First Name(s)

Date of Birth, Place of Birth

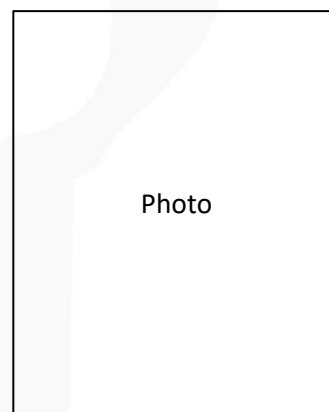
Nationality

Mother tongue

Second and Third Language

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 suitability for school if a need for support is subsequently identified or concealed.

Does your child suffer from allergies?

☐ yes

☐ no

If yes, which? _____

Are there any chronic illnesses?

☐ yes

☐ no

If so, what type? _____

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 _____

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.



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



+233 30 222 3522



www.dis-accra.org



administration@dis-accra.org

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

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 Guardian 1

Date, Signature Legal Guardian 2

For internal use:

Receipt Administration:

Date

Signature Administration

Admission confirmation:

Date

Signature Head of School

Distributor for information and further processing:
Accountant:

Date

Signature

Head of KG /Class Teacher:

Date

Signature

Back to Administrative Assistance

Form version 2026/01



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



+233 30 222 3522



www.dis-accra.org



administration@dis-accra.org