



LEARNING SKILLS INTERNATIONAL SCHOOL, OSU PRE-SCHOOL ADMISSION FORM

P. O Box OS 1510 Osu - Accra www.lsis.edu.gh	Registration Fee <input type="text"/>
	Admission Fee <input type="text"/>

Affix applicants' Passport picture here

PERSONAL DETAILS

Surname _____

First Name _____ Middle Name _____

Date of Birth _____ Nationality _____

Class of Entry Class Year of Entry

Previous School Attended: _____

PARENT'S /GUARDIAN'S DETAILS

Name of Father/Guardian: _____ Occupation: _____

Work Place and Address: _____

Email address: _____ Cell Phone No.(s) _____

Name of Mother / Guardian _____ Occupation _____

Work Place and Address _____

Email address: _____ Cell Phone No.(s) _____

Full residential address _____

Telephone: Office _____ Mobile _____ Residence _____

Has your child attended any school? Yes No

If so, please state the Name and Address of the school

What language does your child speak? English (please tick) Other Languages ()
(please state)

How did you hear about us? (Please tick one) Internet

Referral (Name of person who referred)	Alumni (Name of alumni)
_____	_____

I declare that I am the parent/ guardian of the above and I am personally responsible for the payment of tuition fees of the said child from date of his/her admission as a student of Learning Skills International School, Osu. Fees must be paid on or before the start of every term.

Date: _____ Signature: _____

For Official Use Only

Date Application Received: _____

Date of admission: _____

THIS FORM SHOULD BE DOWNLOADED, COMPLETED AND SUBMITTED TO THE SCHOOL'S OFFICE.