



# LEARNING SKILLS INTERNATIONAL SCHOOL, OSU PRIMARY SCHOOL ADMISSION FORM

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

*Affix applicant's  
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.**