Est. 2025
STELLAR
INTERNATIONAL SCHOOL
Excellence Beyond Borders

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Application for Enrolment

Student Information

Child's name _____
First Middle Last

Age_____ **Date of Birth (dd/mm/yy)** _____ **Place of Birth**_____

Male ☐ **Female** ☐ **Nationality** _____

Languages Spoken at Home_____

Student Status in Ghana: Resident ☐ Visitor ☐

If a visitor completes the line below:

Passport Number_____**Place of Issue** _____ **Expiry**_____

Date of Expected Enrollment _____

Proposed Entry Level:

Crèche (6 - 18 months)	☐	***KG 2*** (5 years)	☐
Nursery 1 (18/24 months)	☐	Lower Primary (Class 1-3)	☐
Nursery 2 (2 - 3 years)	☐	Upper Primary (Class 4- 6)	☐
KG 1 (4 years)	☐	Lower Secondary (Class 7-9)	☐

Will you sign up for school lunch? Yes ☐ No ☐

Please submit the following with this application:

1. **Photocopy of birth certificate/passport/residence permit** *(if applicable)*
2. **Copies of previous academic school reports**
3. **Two recent passport-sized photographs of your child**
4. **Any previous report of special academic needs, learning disabilities, and or behaviour problems.**

About My Child (0- 4 years old)

1. What food does your child like and dislike? _____

_____

2. What is his/her favourite game/activity? _____
3. Is your child toilet-trained? _____ What word does he use for toilet?

   _____
4. Does your child take naps? _____ How long?_____
5. Is there a special blanket or toy? _____

All Ages (0 - 16 years old)

6. How does he/she express anger or frustration? _____
7. Does he/she have any fears? _____
8. What helps to comfort your child when he/she is upset? _____
9. How do you usually discipline your child? _____
10. Is there any family situation, such as custody specifications? _____
11. Do you anticipate any adjustment problems? _____

    _____
12. Are there any disorder/development abnormalities diagnosed or suspected?

    _____
13. What are your expectations of **Stellar International School?**

    _____

    _____

    _____
14. Do you have any additional comments? _____

    _____

Family Information

Names of brothers and sisters	Sex	Age	Birthday	Present Grade & School	Applying To SIS

Family Residential Address _____

_____

_____

Home Telephone _____

Religion _____ **Parents Marital Status**_____

Father's Name _____ **Nationality** _____

Occupation _____

Business Name/Address _____

_____

Office Phone _____

Mobile Phone _____

Email Address _____

Mother's Name _____ **Nationality**_____

Occupation _____

Business Name/Address _____

_____

Office Phone _____

Mobile Phone _____

Email Address_____

Emergency and Health History Information

Child's Physician _____

Phone /Mobile Number_____

Name & Address of Hospital _____

Regular Medications _____

Blood Type _____ **Medicine Allergic to** _____

Food Allergies _____

Any Other Allergies _____

Any Special Health Condition_____

Last Physical Exam _____

Last Vaccination / Immunization _____

Last vision test? _____

Last hearing test? _____

If your child has any of the following, please tick the appropriate box:

Constipation	Convulsions	Epilepsy	Fainting spells	Frequent colds
Frequent ear infection	Frequent sore throat	Lice	Ringworm	Skin rash
Soiling	Stomach upsets	Frequent Urination	Worms	HIV positive

Has your child ever had or still has any of the following: Please tick the box

Asthma	Bronchitis	Chicken pox	Diabetes	Heart disease
Hepatitis	Measles	Mumps	Polio	Scarlet fever
Tuberculosis	Whooping cough			

Authorization

Persons authorized to pick up my child **(Besides Parents / Guardians)**

Name _____

Home Phone _____ **Work Phone** _____

Email _____ **Mobile Phone** _____

Relationship to Child _____

Address _____

_____

Comments:

_____

_____

_____

Name _____

Home Phone _____ **Work Phone** _____

Email _____ **Mobile Phone** _____

Relationship to Child _____

Address_____

Persons NOT authorised to pick up my Child

Name _____

_____

Comments

_____

_____

Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone numbers: Home _____

Work _____

Cell _____

Other _____

Ward(s) Name	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any And All Over –the-Counter and/or Prescription Drugs Taken Regularly

In an Emergency, please contact: _____

Relationship to child/children: _____

Phone numbers _____

_____

Or contact _____

Relationship to child/ children: _____

Phone numbers _____

Physician's Name _____

Address: _____

Phone Numbers _____

Dentist's Name: _____

Address:_____

Phone numbers _____

Consent for Medical Treatment

I, _____, give SIS permission to take my child, _____to the hospital and/ or administer basic life saving treatment in the case of a medical emergency if I cannot be reached for prior consent.

Parent/ Guardian Signature: _____

Date: _____

Relationship to Child: _____

Emergency Phone Contact: _____

FINANCIAL RESPONSIBILITY FORM (Parent 1)

I,…… the undersigned being the parent/guardian of …….. (son, daughter), agree to honour all financial obligations (tuition, lunch, book & resources, after-school & activity fees) incurred with respect to his/her education at Stellar International School.

Thank you.

Name: ……

Relationship To Child:……

Signature:……..

Date: ……

Contact Numbers:……

FINANCIAL RESPONSIBILITY FORM (Parent 2)

I,…… the undersigned being the parent/guardian of …….. (son, daughter), agree to honour all financial obligations (tuition, lunch, book & resources, after-school & activity fees) incurred with respect to his/her education at Stellar International School.

Thank you.

Name: ……

Relationship To Child:……...

Signature:……..

Date: ……

Contact Numbers:……