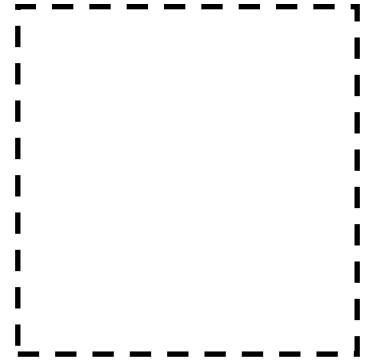


BLOOMING Tulips

ADMISSION FORM



Application for admission in 20___/ 20___ academic year

A. CHILD'S INFORMATION

Child's name _____

Last name

First name

Middle name

Birth Date: _____ Birth Place/ Town _____ Gender _____
DD MM YYYY

Applying for Grade: _____ Anticipating Starting Date: _____

Nationality (as on Passport or Birth Certificate) _____

Home Language(s) _____

B. FAMILY INFORMATION

Mother's name: _____ Profession: _____

E-mail Address: _____

Employer: _____

Nationality: _____

Tel. Nos.: Home: _____ Office: _____ Mobile: _____

Father's name: _____ Profession: _____

E-mail Address: _____

Employer: _____

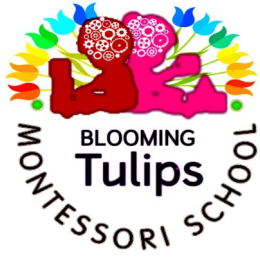
Nationality: _____

Tel. Nos.: Home: _____ Office: _____ Mobile: _____

Residential Address: _____

Mailing Address: _____

Phone number and e-mail address for communication if not resident in Accra at time of application:



BLOOMING Tulips

c. EDUCATIONAL HISTORY

Has your child ever been enrolled at Blooming Tulips? No Yes From _____ to _____

Has your child skipped or repeated a grade? No Yes

If yes, what grade and reason? _____

Has your child ever received any additional support (e.g. 1-on-1 classroom assistance, etc.)? No Yes

If yes, please specify _____

Has your child ever been in a gifted programme? No Yes

Has your child received an evaluation by an educational psychologist or specialist? No Yes

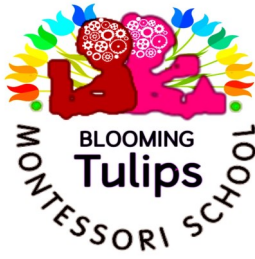
(If yes, please provide us with copy of assessment report)

Has your child ever been expelled from school in the past two years? No Yes

If yes, what behavior led to this? _____

Previous school attended (please list past 3 years)

Age	Name of School	Location (City/ Country)	From (MM/YY)	To (MM/YY)	Grade / Class completed



BLOOMING Tulips

D. BILLING INFORMATION

Financial responsibility of my child will be assumed by: _____

Relationship: _____

If joint, please indicate percentage: Family: _____% Employer: _____% Other: _____% Total =100%

Invoice and billing information should be addressed to: _____

(Name of person/organization responsible for payment)

At this address: _____

Phone No: _____ Fax No.: _____

E. EMERGENCY CONTACT INFORMATION

In the event of an emergency, contact: (name): _____

Office Phone No.: _____ Mobile No.: _____

Home: _____ Alternate No.: _____

Signature (Parent)

Date

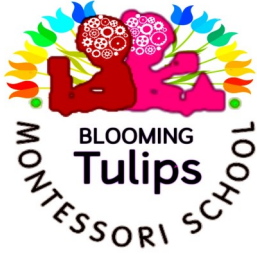
ADMISSIONS OFFICE ONLY

Admission approved? No Yes Grade approved for: _____

If no, reasons? _____

Signature (Admission officer)

Date



BLOOMING Tulips

This application will not be reviewed without being accompanied by the following:

- Two recent passport-sized photographs of your child
- A copy of your child's passport or birth certificate
- Copies of your child's official transcripts or copies of 3 years of report cards
- Post natal attendance record
- Completed medical forms
- Signed application form
- Application fee
- You are encouraged to submit your ward's DNA G2 (Dermatoglyphics) Report