



We are proud of the reputation our school has achieved since it began in 2011 in the United States of America and pleased that you are thinking about becoming part of our learning community.

We are here to answer your questions to help make the admissions process as stress free as we can.

- Admissions Office

## **ADMISSIONS PROCESS**

Once your child is admitted to LSIS, you will receive further information about how we will use data that you shared with us and we will seek the necessary consent from you in processing the data further. The data you share with the school will form part of your contractual agreement with the school. You have our assurance that once your child is admitted to LSIS, data will be securely stored in our internal and external school management systems. Physical, electronic and procedural safeguards designed to help secure our internal systems and your personal information and to assist us in preventing unauthorized access, use, disclosure, loss, alteration and/or destruction of that information are in place at LSIS.

### **STEP 1- Starting to Apply**

*With the submission of an admissions application form to LSIS, you agree to allow LSIS, to use the personal data you provided through the LSIS, student admissions system.*

*Additional documents which you will need to have in PDF format for the applications process include:*

- [Medical Forms \(Immunization, Health information and Examination forms\)](#)
- Reports cards from the previous three years of school (must be translated into English if in another language).
- Official Transcripts (high school students only). ***Please request the current high school of your student(s) to send official sealed transcripts (hard copies) to the LSIS, admissions office. In addition, you (the parent) should upload soft copies of the official transcripts to OpenApply.***
- Birth Certificate and/or Passport biodata page of student
- Current passport size picture of student with a plain background (JPEG format ONLY)
- Standardized test scores or two recommendation forms from the student's Math & English Teachers
- Other assessments/evaluations/documentation (Psycho-educational evaluation, IEPs, etc...) if applicable.

### **Additional information you will be asked to provide in the application process:**

- Application fee of \$500.00 required at the time of submission. Payment can be made with either a debit or credit card.

### **Admission and Student Needs**

Admissions is open to all students who, in the school's opinion, will benefit from a challenging, international, English-language education which prepares them for higher education and a life of challenge, change and purpose. LSIS therefore, admits students whose academic, personal, social and emotional needs can be met by the school's programs and services, and who can be integrated into a mainstream classroom.

**With time, we have realized the importance of holistic education amongst students.**



# LIFE SOURCE INTERNATIONAL SCHOOL GHANA

## APPLICATION FOR ADMISSION TO LSIS PROGRAMMES

PLEASE NOTE: YOU ARE ALLOWED TO SUBMIT ONLY ONE SET OF ADMISSION FORMS, ANYONE WHO SUBMITS MORE THAN ONE SET SHALL BE DISQUALIFIED

GRADE 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADE 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADE 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADE 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affix Passport  
Picture Here

### APPLICANTS TO NOTE:

Any applicant who makes a false statement on the form may be refused admission, or if she has already been admitted, may be withdrawn from the School.

### 1. PERSONAL PARTICULARS OF APPLICANT:

TITLE: Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SURNAME: <small>(In BLOCK LETTERS-In the order as it appears on your certification)</small>		FIRST NAME:	
MIDDLE NAME:		<input type="checkbox"/>	DATE OF BIRTH: <small>(YY/MM/DD)</small>
NATIONALITY:	REGION:	TOWN & COUNTRY OF BIRTH:	
HOMETOWN:	RELIGION:		
CORRESPONDENCE ADDRESS: <small>(To be used for Correspondence)</small>		PHONE NO.:	PHONE NO.:
		EMAIL ADDRESS:	
		Do you have any Known Disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Others <small>(Specify Please)</small> :	

### 2. PARTICULARS OF PARENTS/GUARDIAN/SPONSOR:

NAME:		
CORRESPONDENCE ADDRESS:	RELATIONSHIP TO APPLICANT:	
	OCCUPATION	PHONE NO.:
	EMAIL ADDRESS:	

### 3. EMERGENCY CONTACT:

NAME:	
PHONE NO.:	RELATIONSHIP:

#### 4. EDUCATIONAL BACKGROUND:

##### A. Name of institution Attended (Junior High)

No.	NAME OF INSTITUTION	LOCATION	FROM (Month/Year)	TO (Month/Year)

##### B. Examinations Passed or Taken (Attach all certificates where applicable)

(a) Junior High School Certificate Examinations/Checkpoint Examinations

	1st Sitting	2nd Sitting	3rd Sitting
i) Month and Year			
ii) Exam Index No.			
iii) Centre of Exams			
iv) Type of Exam/Board			

TITLE OF SUBJECT	EXAMINATION RESULTS (Grades)		
Core Subjects	1st Sitting	2nd Sitting	3rd Sitting
1) English			
2) Mathematics			
3) Integrated Science			
4) Social Studies			
Indicate Title of Elective Subjects			
1)			
2)			
3)			
4)			

## HEALTH INFORMATION ( To be completed by parent or guardian)

All three health forms are to be provided along with the application.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is your child enrolled in a health insurance scheme?    Yes                      No

Is your child insured for accident/injury?                      Yes                      No

Insurance Company: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Relatives/Friends to pick up sick or injured child if parents cannot be contacted:

1st Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

2nd Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Existing Medical Conditions (check all that apply)

Asthma (if yes, complete asthma section, page 7)

Attention-Deficit/Hyperactivity Disorder

Allergies (if yes, fill allergies section below)

Diabetes

Human Immuno Virus (HIV/AIDS)

Hearing Impairment

Visual Impairment

Sickle Cell Disease

Other \_\_\_\_\_

\_\_\_\_\_

### History with any of the following conditions?

Hay Fever

Emotional/Behavioral Problems

Persistent Nose Bleeds

Fainting Spells

Hepatitis

Heart Problems

Migraine(s)

Other \_\_\_\_\_

\_\_\_\_\_

### Allergies

Allergy to: (specify) Food \_\_\_\_\_ Medication \_\_\_\_\_

Insect Bite \_\_\_\_\_ Other(s) \_\_\_\_\_

Severity of your child's allergic reaction (circle one):                      Mild                      Moderate                      Severe

Signs of your child's allergic reaction (check all that apply):

Hives \_\_\_\_\_ Watery Eyes \_\_\_\_\_ Wheezing \_\_\_\_\_ Coughing \_\_\_\_\_

Tightness in the Throat \_\_\_\_\_ Difficulty in Breathing \_\_\_\_\_

Other signs (describe) \_\_\_\_\_

Treatment for allergies \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Dose \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMMUNIZATION RECORD (To be completed by a physician, nurse or health authority)

Please attach records to prove that your child has had, or is in the process of completing, all the following immunizations:

### REQUIRED IMMUNIZATION

### ENTER DATE EACH IMMUNIZATION WAS GIVEN

BCG/PPD test			PPD Test Results: _____ mm of duration		
Diphtheria, Tetanus, Pertussis (DTP, DtaP)	1	2	3	4	5
Diphtheria, Tetanus, (DT) or Td (given after 7 years of age)	1	2	3	4	5
Poliomyelitis (OPV or IPV)	1	2	3	4	5
MMR 1 & 2	1	2	Confirmation of Measles, Mumps, and Rubella immunity:		
Measles	1	2			
Yellow Fever	1	2	Other:	Other:	

### Asthma

Early warning signs of your child's asthma episode (check all that apply)

Wheezing    Coughing    Tightness of the Chest    Cold Symptoms    Other \_\_\_\_\_

Severity of your child's asthma:    Mild    Moderate    Severe

What usually helps if an attack occurs \_\_\_\_\_

Medication(s) for asthma: \_\_\_\_\_ Dose \_\_\_\_\_ How taken \_\_\_\_\_

Side effects of medications that your child experiences: \_\_\_\_\_

Additional information/instructions \_\_\_\_\_

Briefly describe any recent hospitalizations and reason: \_\_\_\_\_

Indicate any medication child must take at school: \_\_\_\_\_  
(Medications must be provided to the school nurse no later than the student's first day at school)

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of my knowledge, the person named above has received the immunizations indicated in the immunization record (above)

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Life Source International School

## PHYSICAL EXAMINATION REPORT (To be completed by a physician)

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height (meters): \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Urinalysis \_\_\_\_\_ Sickling Status: Positive Negative (if positive, what kind \_\_\_\_\_)

Vision Right: \_\_\_\_\_ Left: \_\_\_\_\_ Does student wear corrective eyeglasses? Yes No

Hearing Right: \_\_\_\_\_ Left: \_\_\_\_\_

### SYSTEM EXAMINATION

### COMMENTS ABOUT FINDINGS

General Appearance

Ear, Nose and Throat

Mouth/Teeth

Skin

Abdomen and Gastrointestinal Tract

Cardiopulmonary (Heart and Lungs)

Neurological

Motor Behavior/Posture

Spine and other Musculoskeletal

Any abnormal physical findings, if any (summary):

Specifically describe conditions that would identify the child as having a disability and/or require an educational evaluation, environmental adjustment, or activity restrictions:

Any significant medical history:

Referrals, recommendations, and comments:

I hereby certify that I have personally examined the applicant and reviewed the medical history.

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_