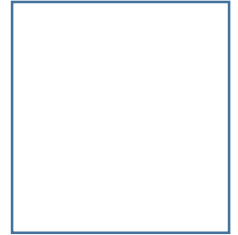




WEST ICONS INTERNATIONAL SCHOOL LTD.

P.O.BOX MC 2461, TAKORADI
GP Digital Address: WS-281-2691
TEL: +233548215400/+233208194945/
E-mail: info@westiconsmontessori.com

Motto: MOULDING CLAY INTO USEFUL VESSELS



ADMISSION FORM

A. CHILD'S PARTICULARS

Surname:..... First Name:.....

Date of Birth:..... Age:..... sex:.....

B. PARENTS' PARTICULARS

1. Father's Name:.....

Residential/Work Address:.....

.....

Occupation:..... Religion:.....

Telephone Number: Home

WORK

2. Mother's Name.....

Residential/ Work Address.....

.....

Occupation..... Religion.....

Telephone Number: Home

WORK

3. Guardian's Name:.....

Residential/Work Address.....

.....

Occupation..... Religion.....

Telephone Number: Home WORK

RELATIONSHIP TO THE CHILD.....

Mother Guardian

C. CHILD'S HEALTH

1. Is he/she on any medical treatment? Yes No
 If yes, state type of treatment.....

2. Has he/she any allergy Yes No
 If yes, state kind of allergy.....

NOTE: Photocopies of birth certificate and weighing card (one each) are required
 And copies of any health card. **Daily requirement.**

<i>For babies</i>	<i>For 2 -3 years</i>
1. Pampers (dressed in one and extra two in bag) 2. Child's Meal 3. One (1) face towels 4. One (1) extra cloth/dress 5. Two (2) bibs 6. (1) comb 7. Learning material 8. One pack of diaper and wipe (Write the name of the child on the diaper and wipe)	1. Pampers (dressed in one and extra two in bag) 2. One (1) face towel 3. One (1) comb 4. Learning material 5. One pack of diaper and wipe

Items should be packed in child's bag

Toiletries (once every term)

QUANTITY	DESCRIPTION OF ITEM
1	Ream of A4 sheet (double A)
2	Toilet soap
1 big size	Dettol
1 big size of tissue paper	Papa Jumbo multi-purpose Towel. 2 ply.

Date:.....

.....
 Signature of parent/Guardian