

HIS

Healthy-Mind International School

PROSPECTUS



Education for the Future....
With the Wisdom of the Past

Welcome to our School!

It is our pleasure to welcome you to Healthy-Mind International School.

Healthy-Mind International School (**HIS**) is an environment of learning, where educators, students and parents work in collaboration to inspire and engage learners in active Learning and above all, self-discovery. The School embraces learners of all backgrounds and nationalities and holds each student to the highest expectations. Students are provided with a deep, rich curriculum that engages them in inquiry, develops strong critical thinking skills, and challenges them to a new level of learning. Therefore, our goal is to focus on building a platform that will catapult students to become lifelong learners.

HIS will not only aim at engaging and facilitating children with a high-quality education but also firmly believe in building life skills such as moral values, respect, courage, creativity, empathy and self-confidence. In the process, we examine the critical fundamental requirements of the learners, the challenges and obstacles that they may periodically face as well as unlocking their mind making them open, accepting, curious and hence, internationally-minded.

Our curriculum and school environment instill a sense of responsibility that is self- motivating and geared toward individual learning in a highly respectful, stress-free and creative ambience. Our classrooms are places that ignite curiosity where there is active learning immersion by students or learning partners in transforming the interdisciplinary lesson.

We see ourselves not only as teachers and learning facilitators who help the children to attain educational goals and above-average marks, but does everything to ensure that they are supported in their overall growth. That means the potential of each and every child is fully realized by reflecting on the wisdom of the past. This is to ensure that our children are well prepared for the future and the challenges of the dynamic 21st century.

We cordially invite you to visit our campus, a vibrant unique place for interaction, learning and holistic growth!

Principal.

Mr. Wemsley B.W. Okuku

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HOW TO APPLY

Step 1: Submit the Enrollment Application Form

The application form can be completed online on our website: www.healthymindschool.net. A PDF copy of the form can also be downloaded here

Step 2: Submit Additional Forms and Documents

Additional forms such as:

- Child Health Records Book
- After School Extra-Curricular Activities Form
- School Transport Service Form (Not available now)

Step 3: Parent/Student Interactive Session

This step involves an interactive session with the Coordinator/Principal of the school. During this time, you will have a tour of the school and ask questions about enrollment. The Principal will also use this time to get to know more about you and your ward.

Step 4: Decision

The family will be informed regarding placement of the child in the school. This is dependent on the result of the interview and availability at the time.

Step 5: Payment of Registration Fee

Families who accept admission must pay the non-refundable registration fee of 1500.00 USD to secure a seat in the school. **(Registration fee is free till September, 2020)**

The Interview

Families who would like to seek enrollment at Healthy- Mind International School are interviewed by the School Principal upon completion of the application form. Some points of discussion during the interview include: adjustment to school, goals for the child, eating habits, health, separation process, necessary assistance, commitment to completing the program at Healthy- Mind International School and future schooling plans.

During the interview, families are also briefed on the school's program and philosophy and are made to understand the significance of international-mindedness and the five essential elements of the IB PYP.

Points to Consider

- Applications are accepted all year round.
- The date of September 1 of the academic year is used to determine grade levels for age groups
- Special needs children are accepted on a case-by-case basis in consultation with a professional.

Please consult the Admission Counselor for more details

CONTACT FORM

OFFICE USE ONLY

Date of First Contact

First Contact via Telephone /e-Mail

Code

PERSONAL DATA OF CHILD

Surname

First name/s

Male

Female

Date of Birth

APPLICATION DATA

Current age of child

Current year level

Expected entry date

CONTACT DETAILS OF PARENT(S) OR GUARDIAN

Surname

First Name

Country code Telephone

E-mail

HIS VISIT

Date/time of appointment with the Class Teacher /Coordinator//Principal

TRIAL /VISITING WEEK

From

to

Feedback from the Coordinator/Head

Decision

Foreseen Grade

Dear Family,

We are delighted that you have chosen **HIS** as your future school. We have put together a number of documents in two separate booklets titled 'Enrolment Documents' and 'School Policy Documents'.

The 'Enrolment Documents' contains all of the relevant documentation which should be read, signed and returned to HIS in order to finalize the enrolment process.

The documents contained in this booklet are:

- I. Applicant's data
- II. HIS Enrolment Agreement
- III. HIS Fee Structure
- IV. HIS School Calendar
- V. Instructions on data processing
- VI. Declaration of consent to the use of photos
- VII. HIS Essential Agreements on Respectful Behavior
- VIII. Authorization of external examinations
- IX. Confirmation receipt of School Policy Documents

Furthermore, we also require:

- A copy of passport or Identity Card
- Last two school reports
- A passport photo of your child(ren).

The 'School Policy Documents' contains all the relevant policies which are at the heart of our school. These should be read and discussed together with your ward(s). They will be handed over to the parents/guardians after the admission process.

The documents are:

- I. Admissions Policy
- II. Academic Honesty Policy
- III. Grievance Policy
- IV. Exceptional Support Services Policy
- V. Assessment Policy Primary

Warm regards,

Management

Healthy-Mind International School.

APPLICANT'S DATA

Surname

First name/s

Male Female

Preferred name

Date of birth

Place of birth (City/Country)

Nationality

For the school year

Grade applying for

Expected entry date

Name of current school/country

Current grade

Language of instruction

Expected length of stay in **HIS**

STUDENT CONTACT DETAILS

Home address

Post code

City

Country

Home telephone

Mobile Phone

Email

EMERGENCY CONTACT PERSON

Surname

First name/s

Emergency contact number

Relationship to child

OFFICE USE ONLY:

Student number:

Last two school records

Passport/Identity card

Photo

LANGUAGE SURVEY

Which languages are spoken at home by the student?

First language

Second language

ENGLISH LANGUAGE BACKGROUND

If English is not your child's first language or dominant language at home, please complete the following:

Does your child have any knowledge of English? Yes No

If your child has some knowledge of English, please indicate their ability level in the box below:

Understands English	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent
Speaks English	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent
Reads English	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent
Writes in English	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent

OTHER LANGUAGE BACKGROUND

Does your child have any knowledge of other language? Yes No

If yes, please state the language(s)? _____

Understands Other Language	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent
Speaks Other Language	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent
Reads Other Language	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent
Writes in English	<input type="checkbox"/> Beginner	<input type="checkbox"/> Moderate	<input type="checkbox"/> Fluent

PERSONAL DATA OF PARENTS/GUARDIAN

Father/Guardian 1 Custody of child

Surname

First name/s

Nationality

Date of birth

Address

Education

Employer

Business phone

Mobile phone

Home phone

Mother/Guardian 2

Custody of child

Surname

First name/s

Nationality

Date of birth

Address

Education

Employer

Business phone

Mobile phone

Home phone

Please give an email address which we will use for sending all Correspondence/Newsletter.

Email address 1

Email address 2

PARENTAL AUTHORITY

The information provided on this application reflects an accurate of the applicant, their academic and medical history. No information has been withheld.

Place, Date

Signature of Father/Guardian 1

Place, Date

Signature of Mother/Guardian

HIS ENROLMENT AGREEMENT

CONTRACTUAL PARTY

Healthy – Mind International School, Madina-Accra
and

Surname of Parent/Guardian

First name/s of Parent/Guardian

Street address, post code, town

FINANCIAL REGULATIONS

1. Registration Fee(one-time)

We charge a one-time non-refundable fee per child upon enrolment. The registration fee includes the administrative costs for the admission of new students or for a re-admission after a minimum of a one-year absence from the school. The payment for the registration must accompany the signed application for admission and is due upon receipt of an invoice.

2. School Development Fee (one-time fee)

The School Development Fee is a non-refundable, one-time fee per child, which contributes towards the growth and development of our school and facilities. Payment is due upon receipt of an invoice. Under extraordinary circumstances, this fee may be negotiable for siblings.

3. School Fees

School fees include costs for instruction, individual counseling, coaching and transport costs to gyms and swimming pools. School fees do not cover the cost of textbooks and external examinations. Costs incurred by third parties (e.g. lunch, after school activities etc.) and any after school activities, costs for excursions, class trips, sports uniform, etc. will be charged separately. The school management reserves the right to amend the amount and structure of the school fees. Changes, if any, will be communicated to parents by latest **30th May** every year and these new fees will be those which apply for the upcoming school year. Please see the accompanying document “**HIS Fee Structure**” for specific information on current yearly fees.

4. Taxes

If you are paying taxes in Ghana, the school fees will be deductible as special expenses.

5. Conditions of Payment

You have the option of payment by instalments or of **a single annual payment (by) which will attract a 5% discount**. If the single annual payment is not received by time of admission the payment will automatically revert to quarterly payments and the 5% discount revoked.

6. Terms of Payment

The school fee which refers to the period can be paid annually or in 3 installments.

Instalment payment due dates are: 3rd September to 10th September, 3rd January to 10th January, 3rd April to 10th April.

Changes in the mode of payment are possible only at the beginning of a new academic year.

Other changes will only be permitted if parents/guardians agree to pay an extra fee to cover additional administrative costs.

On receipt of the invoice, cheques and bank transfers should be made payable to:

BANK: UNIVERSAL MERCHANT BANK (UMB)
ACCOUNT NAME: HEALTHY MIND INTERNATIONAL LIMITED.
ACCOUNT NUMBER:0251514753019
ACCOUNT TYPE: CUR – CORPORATE

Please note that parents signing this Agreement are responsible for bank transfer fees.

Please understand that the smooth functioning of our school also depends on the prompt payment of school fees. Your understanding and cooperation is greatly appreciated.

7. Discount

If there are two or more siblings from the same family, a discount of **20%** tuition fee will be applicable to the second child onwards. For complete academic year fees paid, a discount of 5% will be given.

8. Application Cancellation

Should an application be cancelled by parents/guardians, the one-time application fee of USD 1,500 and the school development fee of USD 500 will not be refunded.

Should an application be cancelled after July 1st of each year, the tuition fee for one month's instruction will be charged

9. Late Enrolment/ Extraordinary Termination/ Regular Termination

In case of late enrolment, full tuition fee for the term is payable and no due concession will be given.

In case of an extraordinary termination by HIS, the tuition fee has to be paid to the date of termination.

The ordinary termination is allowed at the end of the minimum Agreement period (one term).

The notice period is three months to the end of the school term. Thus, the termination must be received no later than the last day of the previous school term. The cancellation must be submitted in writing by the parents.

Even in cases of a termination in accordance with the statutory period of notice, the Annual school fees for the current school year are payable in full, irrespective of whether the student has made use of the services provided by the school until the end of the year.

10. Payment method: Please tick as appropriate

Tuition Fee will be paid: Annually in Installments

Tuition Fee will be paid by: Parents Company

The invoice should be sent to: Parents' home address Company address

If your company will be paying the invoices, please provide a written statement from the company which includes the exact address.

By signing the **HIS** Enrolment Agreement, the parents/guardians agree to accept responsibility for school fees using the terms of payment as stated. Though parents/guardians may receive company support for school fees, this HIS Enrolment Agreement is between the parents/guardians and the school and must be signed by the parents/guardians.

11. Duration of the Agreement

The minimum period is one year, and it will be pro-longed automatically to the next School Year. In accordance with paragraph 9(Nine) of this document, the Agreement can be terminated anytime on a regular basis. The school year period is from 3rd September to 15th July. The current school calendar is available online at www.healthymindschool.net or from the School Administrative office: +233559738797 or +233579734355

12, School Hours

Currently, our Primary Years section starts at 8:00 am and ends at 3:00 pm.

Parents, Guardians and Students are requested to be punctual arriving at school and children have to be picked up on time in the afternoon. If parents are late picking up their children in the afternoon, the office or class teacher(s) have to be informed.

13.Absence

The School office has to be informed through written or telephonically on the same day of student's absence, ideally in the morning before 9:00 am. If a student is absent due to illness for more than three (3) days, a medical certificate must be provided. Absences for other reasons must be approved by the Principal.

14.Declaration

The school takes no legal responsibility for services provided by third parties. The same applies for food and drinks provided by parents or third parties for school events and consumed on the school premises.

I (name)

understand and accept the conditions outlined in this Enrolment Agreement.

I understand that the signed HIS Enrolment Agreement does not oblige the school to accept my child/ward. However, once the administration has accepted my child/ward, an agreement is deemed to exist between the school and the parents/guardians.

I/We certify that I/We have received, read and understand the Confirmation of Policy Receipt Form:

Place, Date

Signature of Mother/Guardian

Signature of Father/Guardian

HIS FEE STRUCTURE 2020/2021

ANNUAL SCHOOL FEES IN USD OR EQUIVALENT IN GHS

PRE-NURSERY	(2,000 USD per term X 3)	6,000 USD
NURSERY	(2,000 USD per term X 3)	6,000 USD
LOWER KG	(2,000 USD per term X 3)	6,000 USD
UPPER KG	(2,000 USD per term X 3)	6,000 USD
GRADE I TO VI	(2,000 USD per term X 3)	6,000 USD
REGISTRATION FEE	(waived off till September 2020)	1,500 USD
SCHOOL DEVELOPMENT FEE	(waived off till September 2020)	500 USD

School fees include costs for instruction, individual counseling, games and sports coaching and swimming pool during school hours only. School fees do not cover the cost of after-school hours extra-curricular activities and external examinations.

Cost incurred by third-parties (e.g. lunch, after school activities.) and any after school services, costs for excursions, class trips, sports uniform, etc. will be charged separately.

The school management reserves the right to amend the amount and the structure of the school fees. Changes, if any, will be communicated to parents in advance.

HEALTHY - MIND INTERNATIONAL SCHOOL CALENDAR 2020/2021

SCHOOL WORKING DAYS CALENDAR		
TERMS/SEMESTER	FROM	TO
FIRST TERM	7 TH SEPTEMBER	15 TH DECEMBER
SECOND TERM	4 TH JANUARY	1 ST APRIL
THIRD TERM	12 TH APRIL	18 TH JUNE

HOLIDAYS		
TERMS/SEMESTER	FROM	TO
CHRISTMAS BREAK	16 TH DECEMBER	3 RD JANUARY
EASTER BREAK	2 ND APRIL	11 TH APRIL
SUMMER BREAK	19 TH JUNE	8 TH SEPTEMBER

SEPTEMBER						
SU	MO	TU	WE	TH	FR	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER						
SU	MO	TU	WE	TH	FR	SA
				1	2	3
4	5	6	7	8	9	10
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER						
SU	MO	TU	WE	TH	FR	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER						
SU	MO	TU	WE	TH	FR	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY						
SU	MO	TU	WE	TH	FR	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY						
SU	MO	TU	WE	TH	FR	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH						
SU	MO	TU	WE	TH	FR	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL						
SU	MO	TU	WE	TH	FR	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

MAY						
SU	MO	TU	WE	TH	FR	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE						
SU	MO	TU	WE	TH	FR	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JULY						
SU	MO	TU	WE	TH	FR	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

□ Working Day

■ Government Holiday/Weekend

■ School holiday (GES)

4th August:

Founder's Day

21st September:

Kwame Nkrumah's Birthday

7th December:

Farmer's Day

16th December - 3rd January:

Christmas Break

25th December:

Christmas

26th December:

Boxing Day

1st January:

New Year

7th January:

Constitution Day

6th March:

Independence Day

2nd April - 11th April:

Easter Break

19th June - 15th August:

Summer Break

1st May:

May Day

25th May:

African Union Day

INSTRUCTIONS ON STORAGE OF DATA

1. Name and Contact details of the Data Controller and the in-house Data Protection Coordinator

This data protection information applies to the processing of data by:
Healthy-Mind International School
P.O. Box AN7617
Madina, Accra

The In-House Data Protection Personnel of Healthy-Mind International School can be contacted at the above address, for the attention of the IT Head or by email: info@healthymindschool.net

2. Collection and Storage of Personal Data as well as Type and Purpose of Use

The following information is required to fulfill the School/Parents Agreement:

Applicant's Data:

- First name, Surname
- Sex – male or female
- Date of Birth
- Place of Birth
- Nationality
- Postal Address
- Telephone number (landline and/or mobile)
- Email
- First and second languages spoken
- English language background
- Last two schools attended (name of school, dates attended, Year level completed, country, telephone and email)
- Siblings information(name, date of birth)
- Information on general health and academic ability (information on physical disabilities, illness, severe allergies, problems with vision or hearing, special eating requirements or restrictions, diagnosed learning difficulties and special needs or gifted and talented requirements)
- Photo and data release

Additional Applicant's Data (collected prior to Enrolment)

- Religion
- Native language
- Email
- Language(s) spoken at home
- Last three schools attended
- **HIS** Family Details list

Parent's Data

- Custody of child
- First name, surname
- Date of Birth
- Nationality
- Postal address
- Education
- Employer
- Telephone number (Business phone/mobile phone/home phone)
- A valid e-mail addresses
- Emergency contact details

Additional Parent's Data (collected prior to completion Full admission Process)

- Occupation
- Employer's address
- Company e-mail

The data is collected for the following purposes:

- to be able to identify you as our contractual partners;
- to correspond with you;
- to invoice you;
- to generally process the School Agreement Policy;

The data is processed following your enquiry and is, according to the school policy, required for the above-mentioned purposes in order to ensure appropriate supervision and the mutual fulfillment of obligations arising from the school Agreement.

The personal data collected by us will be stored for at least two years after the child has ceased to be a student of the school and thereafter, unless in accordance with obligations arising from educational laws. Exception being school reports, which will be kept for a period of 10 years.

3. Passing on data to third parties

The transmission of student's personal data to third parties for purposes other than those listed above with the consent of Parents/Guardian known to the school.

If you want to make use of your right to object, simply send an email to info@healthymindschool.net

Place, date

Signature of parent

Place, date

Signature of student (if the student is 16 years or older)

Declaration of Consent to the Use of Photographs

between

Healthy-Mind International School

and

First name/s of Student Surname of Student

1.Purpose

Publication on our website: www.healthymindschool.net. and/or social media platforms; including Facebook, to show school events.

Publication within our school newsletters and Yearbook

2.Consent

The undersigned gives his/her consent to the use of his/her photographs, free of charge, for the above-mentioned purposes. The use of photographs for other purposes than those described or passing them on to third parties for circulation is not permitted.

Consent is given voluntarily. A refusal to consent will have no negative consequences. Consent may be withdrawn at any time with effect for the future. If you want to make use of your right of withdrawal or objection, simply send an email to info@healthymindschool.net

Place,date

Signature of parent

Place, date

Signature of student(if the student is 16 years or older)

AUTHORIZATION OF EXTERNAL EXAMINATIONS

AUTHORIZATION AS INDEPENDENT PRIVATE SCHOOL IN ACCORDANCE WITH EXTERNAL EXAMINATIONS

In accordance with the Law on Private School that is applicable in Ghana, HIS is an independent private school that accepts students from Pre-Nursery to Grade 6 fulfilling their obligation to regularly attend school because the courses offered at our school match those provided by comparable state schools and IB.

In addition to the IB curriculum, HIS wants to meet the GES educational standards for Category B. Our students do not receive their final qualifications automatically. In order to complete their education, our students need to sit for external examinations that are carried out by the relevant examining Boards/ Authorities as mandated. The Education Ministry of Ghana recognizes that we prepare our students for these examinations as required.

Place, date

Signature of parent

CONFIRMATION RECEIPT OF SCHOOL POLICY DOCUMENTS

Dear Parents/Guardians,

As part of our enrolment procedure at **HIS**, we request that you acknowledge receipt of some key policy documents. It is important that you read these documents carefully, and ask for clarification where necessary before completing the enrolment procedure.

This form must be returned to the School office with HIS Enrollment Agreement in order to complete your child's enrolment.

I have received the following information:

Name of the document
Admissions Policy
Academic Honesty Policy
Learning Support Policy
School Agreement Policy
Assessment Policy – Primary
Language Policy – Primary

I have received, read, understood and accepted the above documents and also noted and understood the rules on copyright relating to student's materials submitted to the IB for assessment as provided under article 4 of the General regulations: Primary Years Programme.

Place, Date

Signature of Father/guardian 1

Place, Date

Signature of Mother/guardian 2

PRE-NURSERY AGE (18months onwards) – GRADE SIX RECOMMENDATION FORM

The student listed below has applied to join our school community. We thank you in advance for completing this **CONFIDENTIAL** form. Please submit it directly to our Admissions Department

Name of the student: _____ Current grade level: _____
 Applying for Grade: _____

Name of the person completing the form: _____
 Title: _____

How long have you known the applicant? _____ year(s) _____ month(s)
 _____ day(s) _____

In what capacity? Classroom Teacher Counselor Principal Other

Please note, as an International School, we have students coming from diverse backgrounds whereby the age of enrollment and school years may differ. Consequently, this guideline aids us for grade level placement based on date of birth and a few socio-emotional parameters below: For further details, please refer to: **Grade Level Placement Information**

Based on your interactive session, please check the column which could best describe the student with regards to the following personal qualities and classroom behaviors:

The student	Age of strength	Age appropriate	Progressing	Area of concern	N/A
.... exhibits emotional maturity					
.... Takes risks/ is self-confident					
.... is adaptable to change					
.... is motivated					
.... exhibits perseverance					
.... is able to attend (maintain focus)					

.... is able to work independently					
.... is able to get along with others					
.... seeks help when needed					
.... works cooperatively					
.... responds appropriately to feedback from peers					
.... responds appropriately to feedback from adults					

Please write a short descriptive assessment of the student with regards to the following:

Social skills

School readiness skills/ academic strengths

Academic areas of challenge

Additional pertinent information

(i.e. strategies to support the student in the classroom and/or to support transition to a new school environment)

Please feel free to write on a separate sheet if necessary

ENGLISH AS AN ADDITIONAL LANGUAGE(EAL)

- Does the student speak additional language(s)? Yes No

- If yes, please indicate the student's level of **ENGLISH PROFICIENCY** in the following areas.

Listening: Beginner Intermediate Advanced Fluent Unknown

Speaking: Beginner Intermediate Advanced Fluent Unknown

Reading: Beginner Intermediate Advanced Fluent Unknown

Writing: Beginner Intermediate Advanced Fluent Unknown

Does the student receive English language support?

At School? Yes No Hours per week _____

Out of school? Yes No Hours per week _____

EXCEPTIONAL STUDENT SUPPORT SERVICES (Push-in / Pull-out Services):

Please check the appropriate box if the student has received additional support

Academic Support Reading (EAL) Speech Therapy Counseling

Special Education

Behavioral Support Occupational Therapy Other _____

Please check to indicate if you would like to discuss the candidate over the phone.

Yes No If yes, please indicate the best time to call

Name: _____

Email: _____

School name: _____

School website: www.healthymindschool.net _____ School phone number: +233 559738797 / 570734355

Signature: _____ Date: (DD/MM/YY) _____

HEALTH RECORD FROM A LICENSED PHYSICIAN (PLEASE PRINT)

STUDENT'S FULL NAME

1. Height _____ Weight _____

2. Development _____

3. Vision

a) Wears glasses Yes No

b) Visual acuity Left _____/20 or _____/6 Right _____/20 or _____/6

c) Color blindness Left _____ Right _____

d) Pupil Reaction Left _____ Right _____

e) Convergence Left _____ Right _____

4. Hearing Left _____ Right _____

5. Teeth

a) Permanent _____

b) Deciduous _____

c) Dental care required

6. N o s e

7. Throat: Lymph Nodes

8. L u n g s

9. Heart

a) S o u n d

b) R h y t h m

c) R a t e

d) M u r m u r s

e) Blood pressure

10. Abdomen

11. Urogenital

12. Extremities

13. Posture

a) Spine

b) Feet

c) Scoliosis

14. Reflexes

Significant Other Notations and Recommendations of Physician:

Physician's Name: _____

Address: _____

Signature: _____

Date: _____

Tel/ Mobile No: _____

Email: _____

HEALTH RECORD FROM PARENT/LEGAL GUARDIAN

This form is to be completed by parent/ legal guardian

PLEASE COMPLETE THIS SECTION PRIOR TO YOUR PHYSICAL EXAMINATION WITH A DOCTOR

STUDENT'S FULL NAME

Date of Birth: _____ Gender: Male Female

Name of Father/ Step- Father/ Legal Guardian:

Occupation: _____ Tel/Mobile No: _____

Name of Mother/ Step-Mother/ Legal Guardian:

Occupation: _____ Tel/Mobile No: _____

IMMUNIZATION INFORMATION

Hepatitis A and B	Meningococcal (MCV)	Varicella (chicken pox)
Date Last Completed: _____	Date Last Completed: _____	Date Last Completed: _____

HPV	BCG	Others
Date Last Completed: _____	Date Last Completed: _____	Date Last Completed: _____

DPT	MMR	Polio (IPV or OPV)
Date Last Completed: _____	Date Last Completed: _____	Date Last Completed: _____

* For new admission, **HIS** requires a copy of the latest record of DPT, MMR and Polio immunizations

DOES YOUR CHILD HAVE A HISTORY OF ANY MEDICAL CONCERNS REGARDING THE FOLLOWING?

- | | |
|--|--------|
| 1. Neurological Conditions (Seizures, Headaches, Syncope) | YES/NO |
| 2. Heart Problems (Rhythm & Sounds) | YES/NO |
| 3. Breathing or Lungs (Asthma, TB, Cystic Fibrosis) | YES/NO |
| 4. Muscles, Joints, Bones | YES/NO |
| 5. Epilepsy | YES/NO |
| 6. Phobias | YES/NO |
| 7. Stomach, Digestion | YES/NO |
| 8. Skin Problems (Eczema, Rashes, Scars, Psoriasis) | YES/NO |
| 9. Kidney, Bladder | YES/NO |
| 10. Attention Deficit Hyperactive Disorder (ADD/ADHD) | YES/NO |
| 11. Vision/Eyes | YES/NO |
| 12. Endocrinology/ Hormonal (i.e. Diabetes, Thyroid) | YES/NO |
| 13. Mouth (i.e. Teeth, Gums, Braces) | YES/NO |
| 14. Ears (i.e. Infections, Grommets, Hearing) | YES/NO |
| 15. Blood Disorders (Anemia, G6PD, Hemophilia) | YES/NO |
| 16. Gynecological | YES/NO |
| 17. Psychological/ Developmental (i.e. Depression, Bipolar, Anxiety) | YES/NO |
| 18. Nutritional Status (i.e. Over/ Under weight, Eating disorder) | YES/NO |
| 19. Hospitalizations/ Surgeries | YES/NO |
| 20. Allergies (If yes, please fill up next page) | YES/NO |
| 21. Others: | YES/NO |

If you have marked **YES** to any of the above, please provide details and include dates:

List any allergies and describe reaction(s) and treatment for reaction(s):

ALLERGY	REACTION	TREATMENT

Prescription medications the student is taking on a regular basis:

NAME OF MEDICATION	DOSAGE	FREQUENCY	PURPOSE

CONSENT TO HELP ADMINISTER MEDICATIONS

Any form of medication, whether prescription or over-the-counter, must be dispensed from the School Infirmary. With the exception of asthma inhalers, students are not allowed to bring any medication with them on campus. If you would like the school to administer medication during the day, please notify the School Nurse in advance. This notification needs to be done in person and in writing. All medication needs to be dropped by the parents or guardian. The details about the dosage and frequency must be clearly stated.

The following over-the-counter medications **must NOT** be given to my child. Please mark with an (X).

Note: Parents of Elementary School students will be called prior to giving any medication

MEDICATION	REASON
Panadol / Paracetamol for Colds, Headaches	
Throat Lozenges	
Antihistamine	
Cough Syrup	
Others(Specify Names)	

Signature of Parent / Legal Guardian: _____

Date: _____