Admission No		Selected for Class	Ser	No	
(To be issued by the office	2)	(For office use)			
H + S lealthy-Mind oternational School	Education for the Fu Box GP Email: info @healthymindsch	D INTERNATIONAL SutureWith the wisdom of the Pa 2066, Gt Accra, Ghana ool.net Tel No. + 233559738 TRATION/ ADMISSION	st 3797, + 233579734355		
The Principal, Healthy-Mind Interna Ghana.	tional School,		L		
fees guidelines and them. I/We request y confirm that the com	d parent(s)/ guardian, hereby of policies of the school and here you to admit my/our ward to the mitments/statements made by retion is correct in all respects.	eby accept the relevant term e school and promise to pay	ns and conditions and under all the school dues in full b	rtake to fu by the due	ully abide by dates. I/We
PERSONAL DETAIL					
Child's Nam	o class ne (Block letters) n			r: M	F
	th		ality		
PARENT DETAILS					

პ.	Date of Birth			
	4. Place of Birth Nationality			
REN'	T DETAILS			
	Father's Name (Block Letters)			
2.				
3.	Official Address			
4.	Date of Birth			
	Landline (Office)			
6.	Mobile 1	Mobile 2		
7.	Email ID	No. of Son(s)	No. of Daughter(s)	
8.	Mother's Name (Block Letters)			
	Occupation/Designation			
	Official Address			
11.	Date of Birth			
12.	Landline (Office)	(Residence)		
13.	Mobile 1	Mobile 2		
14.	Email ID	No. of Son(s)	No. of Daughter(s)	
Nar	ne and address of the person responsible	for payment of school dues		

UNDERTAKING FROM PARENTS/GUARDIAN

Mr./M	ls./ Mrs		father/mother/legal guardian of	Master/Miss			
		student of class	do hereby undertake a	and confirm::			
1.	That all information/certificates submitte	d are true to the best of our know	ledge and nothing has been conce	ealed.			
2.	That I/We hereby accept all the terms a	terms and conditions laid down by the school and undertake to fully abide by them.					
3.	That the school authorities shall not be in any way responsible/liable for any damages/expenses on account of any						
	loss/injury which may be sustained by the taking part in sports, during excursions/sof any other reason whatsoever causing	any other extra-curricular activity,	•	•			
4.	,		e student as a disciplinary measur	e for			
	That I/We hereby undertake that in case of suspension or exclusion of the student as a disciplinary measure for misconduct or on any other such ground, I/We shall not claim any refund/compensation irrespective of the fact whether						
	the student has attended the school for the full session or not. The decision of the school authorities shall be final and						
	binding in this regard.						
5.	That I/We shall not hold the school responsible if the student, suffering from some illness prior to arrival at school, is sent						
	back home immediately. We will also abide by the rules governing Health and Medical Requirements of the school.						
6.	That our ward will carry only school boo or valuables will be in their possession a loss/damage in this regard. If any such i	at the time of entering the school p	premises. I/We will not stake any o	claim for			
7.			•				
 That the school has a discipline policy for all students which will be made available to the parents/guardians. That I/We agree that in case of emergency/accidents the child will be rushed to the nearest Health Care Center parents will be informed immediately. 							
	Signed and delivered to the Principal by	I /Mr./Ms					
	F/M/LG of		at (Place)	on			
	Date						
	Signature	Authorized S	ignatory				
	ŭ		(HIS)				

CHECK LIST FOR PARENTS

The following documents have to be deposited at the time of admission:

- 1. Form completed and signed.
- 2. 1 Passport-size photograph of the student.
- 3. Birth Certificate of the student.
- 4. Health Records Book of the student.
- 5. Photocopies of past and current transcripts, school report cards, testimonials.