

GREEN HILLS ACADEMY

Towards Excellence

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KIGALI-RWANDA

Student Enrollment Form

Student Information

*Class requested _____

Name of Student: _____ Age: _____ Years DOB: _____ / _____ / _____
Day Month Year

Likes to be called: _____ Male Female Nationality: _____

Languages Spoken (list on order from most commonly spoken to least spoken):

1) _____ 2) _____ 3) _____

Address: _____

Name and Age of Siblings at GHA:

1) _____

2) _____

3) _____

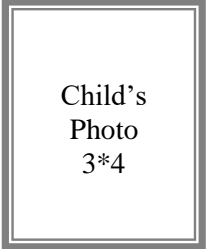
4) _____

Primary caregiver's name: _____

Primary caregiver's relationship to the student: _____

Can the primary caregiver help student with homework in English?

Yes No



Family Information

Name of Father: _____ Nationality: _____ Occupation: _____

Phone: _____ Email: _____

Address (if different from student): _____

Languages spoken: _____



Name of Mother: _____ Nationality: _____ Occupation: _____

Phone: _____ Email: _____

Address (if different from student): _____

Languages spoken: _____



Emergency Contact Information:

In case of emergency, parents/guardians will be contacted first. Please appoint a contact person to act/decide on behalf of parents/guardians if they cannot be reached:

Name of Contact Person Appointed Relationship to Applicant Telephone No.

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Educational History:

This is my child's first school. OR Complete details below.

Name/Address of School	Year(s) Attended	Grade Level	Age	Type of School	Language of Instruction

Has your child received support or had any prior difficulty in the following areas -

Reading Mathematics Language Behavior Developmental Other

Has your child ever been expelled, suspended, or asked to leave/change school for any reason? Yes No

If yes to any of the above, please explain below.

Please explain why you are changing schools.

Please add a separate sheet of paper if necessary. Non-declaration or misrepresentation of known areas of difficulty is grounds to revoke an enrollment.

Photography

Please note that GHA reserves the right to use images of your child for the purpose of sharing learning and activities within our school community including in newsletters, classroom displays, the school Facebook page, and the school website. If GHA wishes to use images of your child for promotional and advertising purposes you will be contacted for approval. If you have concerns with this please put your concerns in writing to the principal.

Further Information

Please indicate if your child has any disability or allergy _____

Please provide any further information which may be relevant to your child's enrolment.

Payment information

Who is responsible for paying your child's school fees?

Father / mother / guardian Parent's Employer

If an employer pays your child's school fees please fill out the information below.

Name of business/organization: _____

Parent's position at organization: _____ Phone Number: _____

Contact person at organization: _____

Waiver of Liability and Terms of Agreement

In the event of an accident or an emergency situation, I hereby acknowledge that Green Hills Academy shall not be liable for any injuries incurred. In case of a life threatening situation, my child will be taken to the closest suitable medical facility, and I will be notified.

I certify everything in this application is true to the best of my ability. I agree to abide by the school rules and procedures. I understand failing to follow school rule and procedures, or failing to pay my tuition fees by the due date can result in my child being suspended or expelled from GHA.

Name and Signature of Parent/Guardian

Date: ____/____/____
Day Month Year

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To complete registration please provide the documents below

- Student's photo size 3*4 1
- Parents' photo size 3*4 1 per each
- Birth Certificate or Passport
- Parent ID or Passport
- Vaccination Report
- Report card from previous school
- Brief Reference letter from previous school (Grade 5 and above)

**Please note that Green Hills Academy follows age based enrollment to make sure students are placed in a class with their peers. Your child may not be granted enrollment into the grade requested. Students applying for Nursery One must be 3 years old before 1st September of the academic year they are requesting enrollment for.*

_____ **Office Use Only** _____

Test Results

IOWA TEST OF BASIC SKILLS

CATEGORY/MARKS	RAW	STANDARD	PERCENTILE
READING			
VOCABULARY			
MATHEMATICS			
COMPUTATION			

Signature of Admissions Director

_____/_____/_____
Day Month Year

Enrollment

Enrollment Approved Enrollment Denied Start Date: __/__/____ Start Grade (50/50 or English): _____

Notes _____

Signature of Principal

_____/_____/_____
Day Month Year

Original year of enrollment _____

Grade _____