

Lincoln Community School Application Form

PLEASE FILL APPLICATION IN BLOCK LETTERS.

Application for admission in _____ 20____
month year

Intended date of arrival in Accra, Ghana: _____

Attach Photo

A. Student Information

Student's Name: _____
Family / Last Name First Name Middle

Birth Date: ____ / ____ / ____ Birth Place: _____ Gender: _____
Month Day Year

Anticipating starting date: _____ Applying for grade: _____

Nationality on passport or birth certificate: _____

Home language(s): _____

Nickname/preferred name: _____

Second/preferred nationality: _____

Sibling(s) applying to LCS (list name and grade(s): _____

Sibling(s) already enrolled at LCS (list name and grade(s): _____

B. Family Information

Parent 1 Name: _____ Profession: _____

E-mail address (while in Ghana): _____

Employer (in Ghana): _____

Nationality: _____ Home Phone: _____

Business Phone: _____ Mobile Phone: _____

Parent 2 Name: _____ Profession: _____

E-mail address (while in Ghana): _____

Employer (in Ghana): _____

Nationality: _____ Home Phone: _____

Business Phone: _____ Mobile Phone: _____

Residence Address (in Ghana): _____

Mailing Address (in Ghana): _____

Please provide a phone number, email address, or other contact details so we are able to get in touch with you if you are not in Accra at time of this application:

C. Billing Information

Financial responsibility of my child will be assumed by (circle): FATHER or MOTHER or COMPANY

Please indicate percentage: Family _____% Employer _____% Other _____% TOTAL=100%

Invoices and billing information should be addressed to (name of person): _____

Name of organization responsible for payment: _____

Phone number: _____ E-mail: _____

Fax number: _____ Address: _____

B. Emergency Contact Information

In the event of an emergency contact: _____

Business Phone: _____ Mobile Phone: _____

Home Phone: _____ Alternate Phone: _____

Print Name: _____
(Parent 1 and/or 2)

Signature(s): _____ Date: _____