



**BOSOMTWE GIRLS' STEM HIGH SCHOOL  
SHS ONE UNDERTAKING  
YEAR 2024/2025  
(COMPLETE ALL IN-CAPITAL LETTERS)**

**UNDERTAKING**

**A. STUDENT**

I wish to accept the place and programme offered me at BOSOMTWE GIRLS' STEM HIGH SCHOOL-KUNTANASE DEDUAKO.

NAME ..... SCHOOL NUMBER .....

PROGRAMME OFFERED ..... YEAR .....

ADDRESS .....

I recognize that Bosomtwe Girls' STEM High School is a circular institution but its foundation is based on the Lord God Almighty and I agree to comply with the school statutes as laid down by the authorities of the school and the Ghana education service (GES).

I do, by my signature on this document accept full responsibility for any breach of the school's code of discipline. I further promise to participate in all school programmes irrespective of my religious background (Denomination).

I will attend all school gathering including church service.

.....  
SIGNATURE OF STUDENT

.....  
DATE

**B. PARENT/ GUARDIAN**

At Bosomtwe Girls STEM High School, we recognize that religious and moral principles are the foundation of social harmony, genuine responsibility, commendable discipline, and academic excellence. As a community-based school, we are committed to instilling in our students' moral values rooted in the faith of the Most High God, as exemplified in the teachings of our Lord Jesus Christ.

This commitment is not intended to discriminate against any particular religion but to uphold the universal values of integrity, respect, and moral responsibility. Many schools, both in Ghana and worldwide, stand on similar foundations, having God as their guiding rock.

We believe that by fostering a God-centered environment, we empower our students to become virtuous and responsible individuals, prepared to excel both in academics and life.

By enrolling in Bosomtwe Girls STEM High School, you acknowledge and accept this guiding principle as part of our holistic education approach.

Having read and understood the conditions stated above

1. I do hereby accept the above undertaken for my daughter/ward in Bosomtwe girls', Kuntanase - Deduako
2. I have also read the school rules and regulation and have explained it to my ward for her strict compliance.
3. I accept the headmistress' decision as final with regard to my daughter's stay on the school compound as a student.
4. I agree that in the event of repetition, withdrawal or sanctions, appeal will not be made to the school authorities for consideration.
5. I agree to take full responsibility on matters affecting the students' health and personal welfare.
6. I have obtained a national health insurance card for my ward. I promise to renew the card when it becomes necessary.

NAME OF PARENT/GUARDIAN .....

ADDRESS: .....

HOUSE NUMBER: ..... STREET NUMBER: .....

TOWN: ..... RELIGION: .....

MOBILE NUMBER: ..... TEL NUMBER .....

OCCUPATION .....

.....  
PARENT /GUARDIAN SIGNATURE

.....  
DATE

**B GISS**  
... MMAANIMDIFO



**BOSOMTWE GIRLS' STEM HIGH SCHOOL  
SHS ONE ACCEPTANCE FORM  
ADMISSION FOR YEAR 2024/2025  
(COMPLETE ALL IN-CAPITAL LETTER)**

**NAME OF STUDENT**

SURNAME:

FIRST NAME:

OTHER NAMES

STUDENT LAST SCHOOL ATTENDED:

CHANGE OF PROGRAMME WILL NOT BE ENTERTAINED

STUDENT'S INDEX NUMBER:

DO YOU ACCEDPT THE OFFER GIVEN BY GHANA EDUCATION SERVICE (GES)?

SIGNATURE OF PARENT /GUARDIAN:

DATE OF ACCEPTANCE:

CONTACT ADDRESS OF PARENT (S):

TELEPHONE NUMBER(S) OF PARENTS OR GUADIANS:

**FOR OFFICE USE ONLY**

STUDENT PERSONAL RECORD FORM (2024/2025)

(To be completed and returned to the Headmistress)

**NOTE:** This form must strictly be filled by PARENT or GUARDIAN. Under no circumstances should a student's handwriting be seen on this form. If a parent is not literate, it must be filled by literate friend or relation otherwise the office of the assistant headmistress must be consulted.

## PERSONAL DATA

### SECTION A: STUDENT INFORMATION

SURNAME:

FIRST NAME:

OTHER NAMES

SCHOOL NAME:

PROGRAMME

DATE OF BIRTH (DD/MM/YY):

PLACE OF BIRTH:

HOME TOWN:

RELIGION:

NATIONALITY REGION:

REGION:

PREVIOUS SCHOOL ATTENDED:

HOBBY:

### SECTION B: PARENT/GUARDIAN INFORMATION

NAME OF PARENT/ GUARDIAN:

EMAIL ADDRESS:

POSTAL ADDRESS:

HOUSE NUMBER:

RELIGION

RELATIONSHIP OF PARENT OR GUARDIAN TO THE STUDENT:

CONTACT NUMBER:

OCCUPATION:

PLACE OF WORK:

ADDITIONAL INFORMATION:

STUDENT SIGNATURE:

DATE (DD/MM/YY):

PARENT/ GUUARDIAN SIGNATURE:

DATE (DD/MM/YY):



# Responsibilities of Parents

## Premise

*Parents are the primary educators of the children. This role is ably supported by the school community when parents enrol their children in school. This shared responsibility and partnership is to enable children develop holistically in order to achieve their full potential as well as prepare them for the work, further studies and a responsible adult life.*

Having understood the above, I commit as a parent to:

1. Support the vision, mission and core values of the school.
2. Encourage child/ward to show kindness and consideration to others.
3. Ensure that my child/ward attends school regularly, punctually following the established school academic calendar and schedule.
4. Ensure that my child/ward is suitably clothed and equipped and supported morally to pursue his/her academic goals.
5. Support my child/ward's learning inside and outside of classroom and ensure he/she is ready to participate in all academic and extracurricular activities.
6. Make time to discuss with my child/ward, teachers and other stakeholders, matters regarding my child/ward's learning experience and well-being as well as encourage him/her to do his/her best.
7. Support school's policies and guidelines for behaviour.
8. Support my child's educational journey by fostering a positive learning environment at home, encouraging completion of assignments, and engaging in meaningful discussion about their school experiences.
9. Inform the school of any concerns or problems that might affect my child/ward's work or behaviour.
10. Cooperate with the school in matters concerning the health and well-being of my child/ward.
11. Attend P.T.A meetings and respond to calls/communication from school for discussions concerning my child/ward.
12. Support the school to maintain facilities and provide needed teaching resources when able.

Please consider this as my official consent and undertaking for my responsibilities towards my child/ward at school. I am more than willing to engage in constructive discussions and cooperate with the school to ensure my child/ward's academic success and well-being.

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Student's Name



# Medical History Form

ATTACH  
PASSPORT  
PHOTOGRAPH

## General Information

Surname		Height (cm)		Weight (kg)	
First Name & Middle Name		Sickling Status			
Date of Birth		Blood Group and Type			

## Medical Conditions

Has your ward ever had, or currently had any of the following medical conditions?

If you answer **YES** to any of the questions below, please attach a medical report or short elaboration where appropriate.

Condition	YES CURRENTLY	YES IN THE PAST	NO	condition	YES CURRENTLY	YES IN THE PAST	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose-bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorder (including depression/anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure/Other heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other medical conditions? (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Explanation of condition(s):							

## Allergies, Restrictions & Disabilities

Does your ward have any allergies? If <b>YES</b> , please describe the allergy.		Does your ward have any food/dietary restrictions? If <b>YES</b> , please indicate the foods or nature of restrictions.	
Does your ward suffer from any conditions which does not allow him/her to perform any cleaning tasks? If <b>YES</b> , please specify. (Please note that is he/she cannot do any form of cleaning, he/she will have to be a <b>day student</b> .)			
Does your ward suffer from any learning disabilities such as dyslexia, ADHD, dyspraxia, etc? If <b>YES</b> , please specify details.			

## Treatment & Medication

A. Is your ward taking any <b>prescribed medication</b> that he/she will continue to take whilst at school? <i>(Please note that your ward cannot keep medication on him/her in the dormitory. It has to be deposited at the sickbay/dispensary for safekeeping where the in-take will be supervised by the school nurse.)</i>					<b>YES</b>	<b>NO</b>
Date Began	Medication	Dosage	Reason		<input type="checkbox"/>	<input type="checkbox"/>
B. Has your ward undergone any <b>medical operation/surgery</b> within the last 5 years?					<b>YES</b>	<b>NO</b>
Date	Health Facility	Type of Surgery	Diagnosis/Condition		<input type="checkbox"/>	<input type="checkbox"/>
				Does he/she require review/management?	<input type="checkbox"/>	<input type="checkbox"/>
				If YES, when?		
				If YES, how often?		
C. Has your ward been assessed or treated by any <b>medical mental specialists</b> within the last 5 years?					<b>YES</b>	<b>NO</b>
Date	Health Facility	Type of Surgery	Diagnosis/Condition	Date	<input type="checkbox"/>	<input type="checkbox"/>
				Does he/she require review/management?	<input type="checkbox"/>	<input type="checkbox"/>
				If YES, when?		
				If YES, how often?		
D. Is your ward <b>vaccinated against COVID-19?</b>					<b>YES</b>	<b>NO</b>
Name of Vaccine	Date of 1 <sup>st</sup> Dose	Date of 2 <sup>nd</sup> Dose	Date of Booster Shot		<input type="checkbox"/>	<input type="checkbox"/>

## Eye, Hearing & Dental Conditions

<b>EYE CONDITON</b>	<b>YES</b>	<b>NO</b>	If <b>YES</b> , please indicate review details. (Please ensure your ward reports to school with the correct visual aid)	
Does your ward wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HEARING CONDITION</b>	<b>YES</b>	<b>NO</b>	If <b>YES</b> , please indicate review details. (Please ensure your ward reports to school with the correct hearing aid)	
Does your ward wear have any hearing impairment?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>DENTAL CONDITION</b>	<b>YES</b>	<b>NO</b>	If <b>YES</b> , please indicate review and management details.	
Does your ward wear any braces?	<input type="checkbox"/>	<input type="checkbox"/>		

## Registration & Insurance

Please update NHIS card before your ward report to school.

Registration Number		Date	
NHIS Number		Date Last Update	

## Emergency Contact

Name of to be contacted in case of emergency		Contact Telephone Number(s)	
Contact Address		Relationship to Student	