



PRODIGY INTERNATIONAL ACADEMY

Pokuase-Mayera, Accra, Ghana · apply@prodigy.edu.gh

STUDENT APPLICATION FORM

Complete all sections in BLOCK CAPITALS using black or blue ink. Fields marked * are required.

IMPORTANT: This form covers ONE student. Please photocopy for each additional child applying. Return completed form(s) by email to apply@prodigy.edu.gh or deliver to the Admissions Office.

A. OFFICE USE ONLY

Application Reference No.

Date Received

Received By

1. STUDENT PROFILE

First Name *

Middle Name

Last Name / Surname *

Date of Birth (DD / MM / YYYY) *

Gender *

Male

Female

Nationality *

Religion (optional)

Current School / Previous School (if any)

Current Grade / Class

Grade / Year Group Applying For *

Crèche

Nursery 1

Nursery 2

KG 1

KG 2

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Grade 9

Grade 10

Grade 11

Grade 12

Grade 13

Intended Start Date *

Immediately

Next Term

Next Academic Year

2. UNDERSTANDING YOUR CHILD

This section helps us understand your child as a learner and as a person. Please answer as fully as you can — there are no right or wrong answers.

2.1 Describe your child's strengths, interests, and personality. What makes them unique? *

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2.2 How does your child approach learning? How do they respond to guidance and feedback from adults?

2.3 How does your child respond to new situations, environments, or people?

2.4 How does your child typically handle challenges or difficulty? What strategies work well?

2.5 Are there any specific areas where your child may need extra attention or support?

Physical Activity & Sport

2.6 Physical activities or sports your child participates in

Level of engagement:

Recreational

Developing / Competitive

Not currently involved

2.7 Other activities, interests, or special talents (e.g. arts, music, coding, languages)

2.8 Describe the environment in which your child learns and thrives best.

3. ADDITIONAL SUPPORT & CONTEXT

Is there additional information (academic, behavioural, medical) we should know? *

Yes — please provide details below

No — nothing to add

If Yes, please give details. You may attach a separate report or letter if preferred.

4. PARENT / GUARDIAN CONTACT DETAILS

Primary Contact

Full Name *

Relationship to Child *

Relationship:

Mother

Father

Grandparent

Legal Guardian

Other

Mobile / Phone (include country code) *

Email Address *

Residential Address

Secondary Contact (optional)

Full Name

Relationship to Child

Mobile / Phone (include country code)

Email Address

How did you hear about Prodigy International Academy?

Referral / Word of Mouth

Social Media

School Event / Open Day

Advertisement / Website

Other

If referral — name of the person who referred you (optional)

5. MOTIVATION & EXPECTATIONS

5.1 Why are you interested in Prodigy International Academy? What are your expectations for your child's experience here? *

5.2 Is there anything else you would like the Admissions Team to know about your child or your family?

6. DECLARATION & SIGNATURE

Submitting this form does not guarantee admission. The Admissions Team will be in touch within 5–7 working days of receiving your completed form.

I / We declare that the information provided in this application is true and accurate to the best of my / our knowledge. I / We understand that any false or misleading information may result in the withdrawal of any offer made. I / We consent to Prodigy International Academy processing the personal data provided for the purpose of assessing this application.

I confirm the declaration above and consent to data processing as described.

Full Name of Signatory *

Relationship to Student *

Signature *

Date (DD / MM / YYYY) *

SUBMISSION INSTRUCTIONS

Email: apply@prodigy.edu.gh | In Person: Admissions Office, Prodigy International Academy, Pokuase-Mayera, Accra, Ghana