

INTERNATIONAL STUDENT CARE ORGANISATION (ISCO)



We Care for Students Worldwide
ESTABLISHED IN 2004[®]



STUDENT MEMBERSHIP APPLICATION AND BOND INFORMATION FORMS

**H/NO.MKT 42 COMMUNITY 7 TEMA BEHIND ADWINIE MEMORIAL SCHOOL
P.O.BOX CO 1181,TEMA-GHANA,WEST/AFRICA.**

OFFICE TEL/FAX: +233-303-305104

MOBILE:+233-277-671438/+233-285-038186/+233-208-263011/+233-244-012045/+233-243-262313

EMAIL: iscogh@yahoo.com/iscogh@hotmail.com/admissions@iscogh.org

WEBSITE:www.iscogh.org/www.iscogh.com

(A). APPLICANT PERSONAL DETAILS

This form should be completed by the student and returned along with the acceptance form and the bond to be of good behaviour to the school.

1. Name:
(SURNAME) (MIDDLE NAME) (FIRST NAME)
 - a) Postal Address:.....
 - b) Home Town:.....c) Region:.....
2. Date of Birth:.....(DD/MM/YY) Place of Birth:.....
Passport No:.....Sex:.....Age:.....Nationality:.....
3. Last School Attended:.....
 - a) From which year to:.....
 - b) Certificates obtained:.....
4. Reasons for Leaving:.....
5. School Address:.....
Last Form/Level:.....Sports/Game/Hobby:.....
6. Religious Denomination (SPECIFY):.....
7. Permanent Home Address:.....
8. Applicant: a) Signature:.....b)Right Thumb Print:.....
9. First Choice Programme:.....
° Russia/Ukraine Medium ° Dutch Medium ° English/French Medium
10. Student's Contact Number:..... Date:.....

(B). DETAILS OF PARENT/GUARDIAN

(To be completed by Parent/Guardian)

1. Name of Parent/Guardian:.....
2. Relationship to Child:.....
3. Postal Address:.....
4. House Address:.....
5. Occupation:.....
6. Place of Work;.....
7. Tel/Mobile Number:.....
8. Religious denomination (specify):.....

DECLARATION: I confirm that the information given on this form is true, complete and accurate and no relevant information has been omitted.

Signature of Parent / Guardian:.....Date:.....

(C). BOND OF GOOD BEHAVIOUR.

(To be completed by student in the presence of parents)

I having been admitted to the university,
I pledge to be of a good behaviour and to abide by all Rules and Regulations and shall not indulge
in any of the following;

- a. Breaking bonds during school hours.
- b. Writing on the walls of the University.
- c. Drunkenness and all forms of social vices.
- d. Disobedient to members of staff.
- e. Absenting myself from lectures and any examination conducted by the university.
- f. Refusal to return on demand, all university textbooks lent to me.
- g. Refusal to pay school fees and other charges in full.
- h. Examination malpractices.
- i. Refusal to do your assignments.

If I violate any of the regulations above and the code of conduct provided by the Ministry of Education and the University Authorities, I will forfeit any chance of consideration before the School's Disciplinary Committee. Any breach will lead to **MY EXPULSION** from the school.

Signed by the Student:..... Date:.....

Witness by the Parent / Guardian:.....Date:.....

(D).CODE OF ETHICS AND HONOUR FOR PROSPECTIVE STUDENT

In signing this code of ethics and honor, I fully recognized that I have read and understood everything and that ISCO was founded on the authority of God’s word and is committed to being a Christian N.G.O. It is therefore my personal commitment to be a person of integrity in my attitude and respect for ISCO service.

I agree to apply myself wholehearted to my academic studies and to use my mind for the glory of God.

I agree to grow in my spirit in developing my own relationship with God.

I agree to cultivate good social relationship with others and to seek to love others as myself.

I agree not to lie, steal and cheat.

I agree not to be involved in Gossip, Fight and not to Curse.

I agree to dress decently.

I agree to keep myself under subjection from all immoral and illegal acts and habits, whether on or off campus.

I agree to refrain from illicit sexual acts.

I agree not to drink alcoholic beverages of any kind.

I agree not to use tobacco or its alternatives.

I agree not to engage in any behaviour that is contrary to the rules and regulations set by the school.

I agree to respect the leadership of ISCO, the University and my fellow students.

I agree to fulfill all financial obligations that I enter into while enrolled at the ISCO program.

I agree to be diligent and punctual in attending classes, programs, meetings and functions.

I agree to abide by the rules and regulations, which may from time to time be adopted by ISCO and the University.

I agree that I cannot change university if being offered one by ISCO.

I agree that every prospective student must first become a member of ISCO before his/her document can be processed therefore I accept my application to study abroad also as a membership application of ISCO.

I agree that I have no vested right in the governing of ISCO. I accept my membership as a privilege and not a right and ISCO reserves the right to require the withdrawal of a student upon the request of the University.

I agree that my signature and right thumb print below is my acceptance of the entire code of honour and that completes the contract between me and ISCO.

Full Name:.....Signature/RTP:.....

(E). ACCEPTANCE FORM

(To be completed by Parent/Guardian/Sponsor)

Full Name of Student:.....

- a. I accept your kind offer of a place in the university offered to my, son /daughter /ward named above.
- b. I fully agree to pay the fees as stated.
- c. I undertake:-
 - To accept any approved increase in fees that may become necessary in the course of my ward pursue of the programme.
 - To accept the ruling of the Chancellor in all university discipline.
 - To accept full responsibility for damage to person and property in the institution, arising from student's demonstrations of which my ward may take part.
 - I will enclose an amount of \$..... as sponsorship package for my son / daughter / ward as a student of the university.
 - I accept that my ward should be withdraw and punished accordingly when he is caught indulging in any act of falsification of documents prior to his admission.
 - I agree to ratify all that ISCO may do or cause to be done in pursuance of this authority.
 - I agree to indemnify ISCO in respect of all expenses incurred or liabilities covered by him in the reasonable and proper exercise of the powers contained.
 - I agree that my ward is not guaranteed of job placement, low school fees, scholarship and that, I agree my ward is a fee paying student.
 - I agree that payments for processing fees, translation fees, admission fees, courier services, visa and legalization fees are all non-refundable in case I withdraw my ward from the programme.
 - I agree that my ward shall appear for interview before visa is issued.

Name of Parent/Guardian/Sponsor:.....

Signature:.....RightThumbPrint:..... Date:.....

(F). DECLARATION BY SPONSOR

(To be completed by sponsor)

**AFFIX
PHOTO
1CWBP**

I, of House Number

and P.O. Box in the.....Region of the Republic of Ghana

hereby solemnly and sincerely declares as follows;

1. That I am the Declarant herein.
2. That I am a..... by birth and nationality.
3. That I make this declaration in proof of my willingness and ability to sponsor to study Abroad.
4. That I am the of and have/ have not been responsible for his/her education and general upkeep.
5. That I have dependant(s) and Wife/husband.
6. That I have /have not already undertaken any financial commitments.
7. That I work as at
8. That I confirm positively that I am solely/not solely responsible for his/her sponsorship to study abroad throughout the whole duration of his/her course.
9. That I guarantee funds would be available for the total support of for the duration of his/her studies and that if my financial situation changes, he/she will terminate his/her studies and leave abroad and return to Ghana as soon as possible.
10. That I have agreed that my ward has not been promised job placement, low school fees and scholarship, and that am ready to pay any change in school fees that will grant my ward a peaceful stay.

AND I make this solemn declaration conscientiously believing it to be true in accordance with the laws of the Republic of Ghana.

DECLARED ATTHIS20.....

Signature:..... Right Thumb Print:.....

NOTE

THIS FORM SHOULD BE ACCOMPANIED BY A PHOTOCOPY OF PASSPORT IDENTITY PAGE OF SPONSOR.

(To be completed by sponsor)

The application will not be valid if this declaration is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant.

Name of Student:..... who is personally known to me. I have inspected his/her certificates and I am satisfied that the names on them conform to those by which to the best of my knowledge he/she is officially known.

Date:.....

Signature :

Name:.....

Status:.....

Tel/Cell:.....

Residential Address:.....

.....

Postal Address:.....

.....

Sponsor's Stamp/RTP:.....

(G). WITNESS

(To be completed by a witness)

This declaration should be signed by someone of high repute who should also endorse one of the passport-sized photographs on the reverse side.

This person should be a Senior Public Servant or person belonging to the learned professions (example. A Lawyer, Medical Practitioner, Director of any Registered Company and Head of former school).

For candidates who took their examinations in schools, this declaration can be signed by the Headmaster/Principal of their school.

WITNESS: I CERTIFY THAT ALL THE INFORMATION ABOVE ARE CORRECT.

Name in Full:.....Tel:.....

Signature:.....Stamp:.....Date:.....

NOTE

*An applicant who makes a false statement or withholds relevant information may be refused admission.
If he has already come into the University, he may be asked to withdraw. All documents submitted
in connection with his application, becomes the property of this University, the student is attending.*

