

MOTSE MOTHEO PRESCHOOL AND DAYCARE APPLICATION FORM

GENERAL INFORMATION

Father				Mother			
Complete Name:							
Home Address:						Home Phone:	
Email:						Email:	
Occupation:			Cell:	Occupation:			Cell:
Work Place:			Phone:	Work Place:			Phone:
Marital Status	Single	Married	Separated	Marital Status	Single	Married	Separated
	Divorced	Widowed	Other		Divorced	Widowed	Other
Languages spoken:				Languages spoken:			

INFORMATION ON THE CHILD

Name:						M	<input type="checkbox"/>	F	<input type="checkbox"/>
Date of Birth:	D/M/Y			Place of Birth:		Nationality:			
Grade to enter:	Age:	Religion:		If Catholic, has the child received the following sacraments:					
				Baptism <input type="checkbox"/>					
With whom does he/she live?				Address:					
Elder Siblings		Age	School	Younger Siblings		Age	School		

PREVIOUS SCHOOLING

Schools previously attended:				Period of time:			
Do you know a family that has children at MOTSE MOTHEO?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name:				Phone:			
Why have you chosen MOTSE MOTHEO as an educational option for your children?							

MEDICAL HISTORY

Any health conditions?

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Any physical limitations/disabilities?

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Allergies or special medical treatment?

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Any special recommendations for the child's adaptation to the new school:

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Has your child ever been assessed by a professional for any developmental or learning disability? If yes, please give details below:

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Other (specify):

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IN CASE OF EMERGENCY PLEASE CALL:

Name:	Phone:	
Name:	Phone:	
Pediatrician or family physician:	Phone:	Hospital:
Medical Aid Provider and Number (if any)		

PROCEDURE

1. Fill this form and submit to the School with proof of payment of P200 application fee to the school account
2. Parents or guardians will then be contacted to schedule an interview with a Director of the School
3. Please submit your child's birth certificate, immunisation card and residence permit for non citizens

We the undersigned declare that all the information provided in this form is correct and true.

The application form will be declared null and void in the case of incorrect information.

Gaborone, _____, _____, 20_____.

SIGNATURE OF THE FATHER

SIGNATURE OF THE MOTHER

FOR OFFICIAL USE ONLY

Year of Entry:	Foreign:	Interviewed by:
Grade:	Date interviewed:	Notes:
Siblings:	Application Fee:	