



Plot 35530, Block 8 _P.O Box 601680 Gaborone Botswana _+267 72 588 079 / 72 798 954

Registration Form 2024

Name of child

Date of Birth

Nationality.....

Physical Address.....

Name of mother / guardian

Mobile.....Mobile Work.....

Email Address.....

Name of father / guardian

Mobile.....Mobile Work.....

Email Address.....

Allergies.....Special Conditions to note.....

Childs Doctor.....Contact number.....

Medical Aid.....Membership Number.....

I would like my child to start.....(term and year)

Programme:

Nursery / Preschool / Reception

Special Needs programme

Standard 1

Standard 2

Standard 3

Speech Therapy

Occupational Therapy

Where did you hear about the school ? _____

Who referred you to the school? Please state name in full _____





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Financial Agreement

I have read and understood the schools guidelines and Fees policy and Payment plan and I will be paying:

Fees upfront

Fees via Payment plan

Note: You will be required to follow a prescribed payment plan.

I hereby commit to pay all fees due to me on time and as agreed

I also declare that all the information provided here is accurate and true.

Signed.....Full names:.....

Relationship to child.....

Date.....

Please note that by signing above you are confirming that you have read and fully understood our Guidelines, Fees policy and bank direct debit form as they form part of this signed agreement and are legally binding as one agreement.

Please attach the following:

Childs' birth certificate

Copies of ID'S for both parents

Copy of child's immunization chart

Assessment reports from relevant professional -where applicable

Residents permits for parents and child -where applicable

Transfer letter and last academic report - where applicable

Registration fee (non- refundable)

For School admin only

Received and checked by

Date.....

Comments & Recommendations.....

