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P. O. Box 7477, Maseru 100

**FOR OFFICE USE ONLY**

Admission No. \_\_\_\_\_

Grade: \_\_\_\_\_

Entry date: \_\_\_\_\_

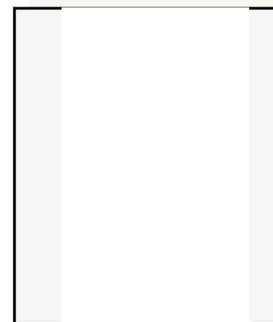
Exit date: \_\_\_\_\_

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**STUDENT APPLICATION FORM**

We are delighted that you are interested in your child attending our school. Please complete (please print) the application form accurately and send it to us with:

- A copy of child's birth certificate
- A recent passport photo—please attach here
- A copy of a recent school report or certificate



**Student information**

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Preferred names \_\_\_\_\_

Place of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Languages spoken - first \_\_\_\_\_ Second \_\_\_\_\_

Language used at home \_\_\_\_\_

Previous school \_\_\_\_\_

Grade applied for \_\_\_\_\_

Child lives with Both parents ☐ Only mother ☐ Only father ☐ Relative ☐

Legal guardian ☐

Parents deceased Mother ☐ Father ☐ Both ☐ None ☐

Does your child have any sibling (s) at Boipabolo or Playland? Yes ☐ No ☐

If yes, provide the name \_\_\_\_\_ and relationship \_\_\_\_\_

Were there any siblings previously at Boipabolo? Yes ☐ No ☐

If yes, provide the name \_\_\_\_\_ and relationship \_\_\_\_\_

Has your child needed individual support for their learning? Yes ☐ No ☐

If yes, please give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parents' information**

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Nationality \_\_\_\_\_

Nationality \_\_\_\_\_

ID/Passport no. \_\_\_\_\_

ID/Passport no. \_\_\_\_\_

Physical address \_\_\_\_\_

Physical address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business address \_\_\_\_\_

Office number \_\_\_\_\_

Office number \_\_\_\_\_

Mobile number \_\_\_\_\_

Mobile number \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Country of origin \_\_\_\_\_

Country of origin \_\_\_\_\_

If the child is staying with another relative/guardian, please give details.

Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

**Child's medical history**

Past illness/hospitalisation/injuries \_\_\_\_\_

Does your child have any allergies? Yes ☐ No ☐

If yes, please specify \_\_\_\_\_

Does your child have any special needs/diet? Yes ☐ No ☐

If yes, Specify \_\_\_\_\_

Is your child taking any medication? Yes ☐ No ☐

If yes, please specify \_\_\_\_\_

List any serious medical conditions (example: diabetes, asthma etc.) \_\_\_\_\_

State specific plan of action if your child has a condition that might require immediate assistance by the teacher \_\_\_\_\_

**Family doctor**

Surgery/clinic \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact — In a an emergency, if we are unable to contact either parent, we will need to contact a trusted relative or friend of the family. Please give details.

If either parent or relative named above cannot be contacted, the school may, in the interest of the child, seek medical attention. I understand that the school will pay any related fees on my behalf, which I will refund in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Health policy

Children with infectious diseases must be excluded from school for specific times. In case of minor ailments, parents are asked to use their own judgement about whether a child is fit to attend school. If your child has a specific health problem, please discuss with the teacher. The teacher can then act in a manner that is most helpful to your child.

## Sun smart policy

To help encourage good Sun smart habits at an early age, our rule is that children can only play outside if they are wearing a hat. "Hats on ...play's on!"

## Medication

Medication can only be given to children when it is:

- Accompanied by a written request from parent (s)
- Prescribed by a doctor
- In the original container with the pharmacist's instruction stating time and dosage to be given.

Boipabolo staff are not allowed to give non-prescribed medication without your consent. Below is a list of medicines which are kept in our first aid box. Please select and sign next to medicines where you grant the school staff consent to administer these medicines to your child. By signing here, you grant permission to Boipabolo staff to administer medicines as per this table, to your child.

Name of Medication	Indications	Yes	No	Signature
Paracetamol 500mg (e.g Panado)	General pain, aches & fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyosyamine 10mg (e.g Buscopan)	Stomach cramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ibuprofen 200mg (e.g Brufen)	Menstrual pain, toothache, sports injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cyclizine 50mg (e.g Valoid)	Nausea and vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorpheniramine 4mg (e.g Allergex)	Allergies, itchy rash, itchy eyes, runny nose, insect bite.	<input type="checkbox"/>	<input type="checkbox"/>	_____

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
grant permission to the school to administer medicines as per this form.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_

Name of the child \_\_\_\_\_

## **Fundraising**

The school holds fundraising days twice a year. We ask you all to support these so that we can continue in our efforts to improve and develop the school.

## **School excursions**

From time to time, we organise excursions aimed at enhancing your child's understanding and to strengthen his/her development. Advance notification of such excursions will be given in writing. We require your consent to enable your child to take part.

## **Absence**

I agree to:

- A. notify the school before 8.30 am if my child is going to be absent.
- B. keep my child at home if he/she is suffering from a cold, flu or other contagious illnesses.

## **Fees and refund policy**

Tuition fees are payable in advance at the beginning of each quarter (1st January, April, July and October). Fees not paid in full by the end of the first week could result in your child being refused admission until outstanding fees are paid in full. Late payment of school fees may attract 5% interest. All fees are non-refundable and non-transferable.

Personal information provided on this form is treated in confidence and may only be shared with Local Authorities as required by laws in Lesotho.

I confirm that I have read the information and the notes of guidance for the completion of this form.

I declare that the information provided on this application is correct and complete and has been discussed with all those with parental responsibility for the child.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_