

## APPLETON SCHOOLS ADMISSION FORM

Please complete all sections of this form **IN FULL BLOCK CAPITALS** and submit together with:

- Copy of Birth Certificate
- Copy of Immunization/Clinic Card
- 2 Colour Passport Photos (white background)
- Photocopies of both parents' National Identity Cards/Passports in order for your child to be registered with NEMIS
- Transfer letter from former school (if transferring)
- NEMIS number (if available)
- Copy of medical records clearly indicating serious allergies/ medical conditions

### A. LEARNER INFORMATION

FIRST NAME	MIDDLE NAME	SURNAME		PLEASE ATTACH COLOUR PASSPORT SIZE PHOTOGRAPH HERE
SEX (TICK):    MALE [    ]    FEMALE [    ]				
DATE OF BIRTH:	DAY	MONTH	YEAR	
WEIGHT:		HEIGHT:		
LANGUAGE SPOKEN AT HOME:				
RESIDENTIAL ADDRESS:				

### B. PARENT/GUARDIAN/FAMILY INFORMATION

FATHER (OR IF GUARDIAN STATE RELATIONSHIP):	
SURNAME/FAMILY NAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS:	
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):	
HOME TELEPHONE:	WORK TELEPHONE:
MOBILE TELEPHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	

### PARENT/ GUARDIAN/ FAMILY INFORMATION CONTINUED

MOTHER (OR IF GUARDIAN STATE RELATIONSHIP):	
SURNAME/FAMILY NAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS:	
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):	
HOME TELEPHONE:	WORK TELEPHONE:

[Type here]

MOBILE TELEPHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	

C. ADDITIONAL ADULT CONTACT IN THE EVENT OF AN EMERGENCY	
FULL NAME:	EMAIL ADDRESS:
RELATIONSHIP TO LEARNER:	HOME TELEPHONE:
MOBILE TELEPHONE:	WORK TELEPHONE:

D. EDUCATIONAL INFORMATION	
CLASS TO WHICH ENTRY IS REQUESTED:	PROPOSED DATE OF ENTRY: MONTH:   YEAR:
NAME AND ADDRESS OF PREVIOUS SCHOOL (IF ANY):	
NAME OF THE HEAD TEACHER OF THE PREVIOUS SCHOOL (IF ANY):	
Does the learner have any known learning difficulties? If so, please state nature of difficulty and attach any relevant reports <i>(continue on separate sheet if necessary)</i>	

E. MEDICAL INFORMATION	
Does the learner suffer from any existing medical condition? If yes, please provide details and attach any relevant medical reports.	
Are there any medical restrictions imposed upon the learner's ability to participate fully in physical activities? If yes, please provide details and attach any relevant medical reports.	
Does the learner suffer from any allergies, either general or specific (food, medicine, etc.)? If yes, please state clearly	
Does the learner take any medication on a regular basis? If yes, please state clearly.	
Is there anything in the learner's medical history that the school should be aware of? If yes, please state clearly.	
NAME OF FAMILY DOCTOR:	
CONTACT DETAILS:	PHONE NUMBER:
	EMAIL ADDRESS:
DETAILS OF ANY EXISTING MEDICAL COVER (IF RELEVANT, PLEASE INCLUDE SERVICE PROVIDER AND MEMBERSHIP NUMBER):	

[Type here]

<b>F. PAYMENT INFORMATION</b>	
IF PAYMENT IS TO BE MADE BY THE PARENT (S) OR GUARDIAN (S), PLEASE SIGN BELOW:	
NAME IN BLOCK CAPITALS:	
SIGNATURE:	
NAME IN BLOCK CAPITALS:	
SIGNATURE:	
<b>WE CONFIRM THAT WE HAVE READ AND UNDERSTOOD THE TERMS OF PAYMENT ON THE APPLICATION FORM AND SHALL COMPLY WITH THE SAID TERMS THE SCHOOL IS AT LIBERTY TO PURSUE AND CONTACT US OVER PAYMENT OF THE UNDERTAKEN SCHOOL FEES</b>	
SIGNATURE:	DATE:
SIGNATURE	DATE:

<b>PAYMENT INFORMATION CONTINUED</b>	
IF PAYMENT IS TO BE MADE BY AN EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY, PLEASE ENSURE THE UNDERTAKING IS COMPLETED BELOW:	
WE, (NAME OF EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY) _____	
_____ UNDERTAKE TO SPONSOR AND PAY SCHOOL FEES, PENALTIES AND MISCELLANEOUS EXPENSES FOR	
(NAME OF LEARNER) _____ AT	
(NAME OF SCHOOL) _____ OUR	
UNDERTAKING IS LIMITED TO _____% (PERCENT)	
<b>WE CONFIRM THAT WE HAVE READ AND UNDERSTOOD THE TERMS OF PAYMENT ON THE APPLICATION FORM AND SHALL COMPLY WITH THE SAID TERMS THE SCHOOL IS AT LIBERTY TO PURSUE AND CONTACT US OVER PAYMENT OF THE UNDERTAKEN SCHOOL FEES</b>	
NAME AND DESIGNATION (IN BLOCK CAPITALS)	
_____	
SIGNATURE:	DATE:

<b>FOR OFFICIAL USE ONLY:</b>	
<b>Accepted Term of entry:</b>	<b>Student No:</b>
<b>Director's Signature:</b>	<b>Head Teacher</b>

[Type here]

## G. TERMS AND CONDITIONS

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY, THE APPLICANT IS REFERRED TO AS "**THE LEARNER**" THROUGH OUT

### 1. Enrolment

A parent/guardian must notify the Head teacher in writing of any delay in reporting to school or non-enrolment plans arising, otherwise the 30% fees paid to secure admission will be forfeited if the place offered is not taken up by the specified date.

### 2. Attendance

2.1 Communication using the available school channels (emails, phone calls, school diary and/or text) from the parent/ guardian explaining absence from school will be required any time a learner fails to report on opening day or after midterm as per schedule.

2.2 All learners are to abide by the code of conduct, which is subject to revision from time to time at the discretion of the School Management.

2.3 All learners are required to attend swimming, games and other chosen co- curricular activities unless at the particular time of such a lesson, he/she is ill or any other cause of non-participation has been declared by the parent/guardian in writing.

### 3. School Fees

3.1 The responsibility for fee payment rests solely on the parent/guardian. Where such fee is paid to the school by a third party, it is the responsibility of the parent to ensure that this party obliges with the stipulated terms on school fees.

3.2 Fees cover tuition and/or lunch based on the learner's chosen program unless otherwise stated.

3.3 Tuition fees do not cover medical expenses or specified activities cost, co-curricular and transport costs (these are charged separately based on need).

3.4 All fees must be paid in full on/before the first day of the new school term. Fees paid is non-refundable where a learner is absent from school due to illness, leave, suspension, expulsion, calamity and/or government policy.

### 4. Withdrawal

If a learner is to be withdrawn from the school, ONE TERM'S WRITTEN NOTICE shall be required in advance while the learner is in attendance. If this notice is not given, a parent/guardian shall be liable to pay ONE TERM/S FEES at the prevailing rate for the class in which the learner is enrolled.

### 5. Photography

The school may take still or moving pictures to cover school activities or school events in which learners participate and will exercise due diligence in using these images where appropriate.

### 6. Medical Care

6.1 The school may administer first aid and non-prescriptive medication for minor medical situations.

6.2 In major medical situations, the school may engage the services of its preferred emergency medical provider and take the learner(s) to the nearest hospital/medical facility or seek appropriate medical intervention. The parent will be notified as soon as possible.

### 7. Care for Personal items

While the school will take all necessary action to safeguard the learner's personal items, parents/guardians are however encouraged to permanently label the learner's items for easy identification All items, including bags, snack boxes, uniforms, eye glasses, watches, other clothing items and footwear, should be permanently labelled for easy identification. As such, the school is not liable for any lost property.

### 8. In loco parentis

Where in case of emergency the school is unable to reach a parent/guardian or other provided emergency contact by telephone after a minimum of three attempts, the parent hereby authorizes the Head teacher to take or authorize any action that he/she considers to be in the best interests of the learner as he/she sees fit at that particular time.

## H. DECLARATION

I/WE FURTHER DECLARE THAT WE HAVE READ, CLEARLY UNDERSTOOD AND FULLY AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS PROVIDED.

FATHER/GUARDIAN:

SIGNED:

DATE:

MOTHER/GUARDIAN:

SIGNED:

DATE:

[Type here]