



Tel: 2402266

**MOPHATO PRIVATE PRIMARY SCHOOL**

P.O. Box 605

Fax: 2402275

**APPLICATION FOR SCHOOL PLACE**

Francistown

[mophatoschool@gmail.com](mailto:mophatoschool@gmail.com)

[infoprimary@mophatoschool.co.bw](mailto:infoprimary@mophatoschool.co.bw)

Before submitting this application, please ensure that all details have been fully and correctly completed. A non-refundable registration fee of P100.00 and copy of the child's birth certificate must accompany this form. It must be understood that completion of this form does not guarantee a place at the school.

### **CHILD'S PERSONAL PARTICULARS**

**SURNAME:** ..... **FIRST/GIVEN NAME (s):** .....

Date of birth ..... Sex..... Nationality .....

Language (s) spoken at home: .....

Fluency in English: (Oral): ..... (Written): .....

Religion: ..... Country of birth: .....

### **CHILD'S HEALTH:**

Please indicate if the child has been immunized against the following diseases:

Polio (Yes / No) Measles – (Yes / No) Diphtheria – (Yes / No)

Whooping Cough – (Yes / No) Tuberculosis – (Yes / No)

Does the child suffer from any allergies? If so, give details:

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Does the child have any special needs (physical, cognitive, health etc.)? If so, give details:

.....

.....

Do you have any objections to your child receiving first-aid treatment in case of an accident or emergency? –

(Yes / No)

Name & Phone No. of Family Doctor: .....

### **EDUCATIONAL BACKGROUND AND REQUIREMENTS:**

Name and address of previous school: .....

..... Last Standard passed: .....

Place required in Std: .....	Proposed date of entry: .....
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### **FAMILY INFORMATION:**

Father's / Guardian's full names: .....

Nationality: ..... Occupation: .....

Name / address of employer: .....

Mother's / Guardian full name: ..... Nationality.....

Occupation: ..... Employer: .....

Parent's postal address: .....

Parent's physical address: Plot no. .... Street .....

Location: ..... Town .....

Village: ..... Ward: .....

Telephone No's; Mother's/Guardian's work: ..... Father's/Guardian's work: .....

Home: ..... Cell no's: ..... Cell no's: .....

In an emergency, if none of the above are available, contact: .....

.....

Names, ages and present schools of Siblings: .....

.....



## ACKNOWLEDGEMENT

I, Dr/Mr/Mrs/ Ms. .... (full name), being the parent / legal guardian of ..... (full name of child), hereby acknowledge that I have read and understand all the particulars in and of this application form and that all information given by me is accurate to the best of my knowledge. I understand that the submission of this form and its acceptance by Mophato Private Primary School does not, in any way, guarantee that a place will be made available for my child.

I understand that the registration fee of P100.00, payable at the time of application, is non-refundable and I hereby agree that, should this application be successful and my child be offered a place at Mophato Private Primary School, I shall be legally liable for the full payment, by the due date stated on the invoice(s), of all school fees and levies as stipulated from time to time.

I understand that, if my child is offered a place at Mophato Private Primary School, and if I accept the place offered, in writing and on the proper form, the full amount of a non-refundable Capital Development Levy must be paid before the child enters the school. If this application is successful, I agree that I shall be legally required to give one term's notice, in writing, of my intention to withdraw my child from Mophato Private Primary School and that, failing to give such notice, I will be legally bound to pay the equivalent of one term's school fees in lieu of notice.

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

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## NOTICE ABOUT CAPITAL DEVELOPMENT LEVY AND SCHOOL FEES.

Please note that as of the date of this application, the C.D.L. payable on acceptance of place at Mophato Private Primary School is P..... and the school fees are P..... per term. These figures are subject to alteration, by the Mophato Private Primary School Board, at the Board's sole discretion.

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## FOR SCHOOL OFFICE USE ONLY

Date application received: ..... Received by: .....

Called for testing on: ..... Place offered: .....