

MOPHATO PRIVATE HIGH SCHOOL

Box 605
Francistown
Botswana
Tel: 2402438/2402266
Fax: 2402421
Mobile: 75908166
mophatohigh@gmail.com

ADMISSION FORM

INFORMATION OF APPLICANT

STUDENT NAME:.....
(Surname) (Forenames)

DATE OF BIRTH:..... GENDER M F

NATIONALITY:..... RELIGION:.....

LANGUAGE(S):.....

HAS ANY SIBLING ATTENDED MOPHATO HIGH SCHOOL? Yes No

PROPOSED JOINING DATE:..... PROPOSED FORM:.....

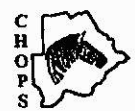
LAST SCHOOL ATTENDED:..... DATE YOU LEFT SCHOOL:.....

LAST PUBLIC EXAM TAKEN: PSLE JUNIOR CERT BGCSE/IGCSE OTHER

SUBJECT	GRADE	SUBJECT	GRADE

NB: Please attach copy of results or last school report.

Accredited Cambridge Examinations Centre
Member of the Conference of Heads of Private Schools of Botswana (CHOPS)
Member of the Independent Secondary Schools Sports Association (ISSA)



SPORTS AT PREVIOUS SCHOOL:.....

CLUBS AT PREVIOUS SCHOOL:.....

MEDICAL INFORMATION

SPECIAL HEALTH CONSIDERATIONS:

.....
.....
.....
.....

MEDICAL AID:..... CARD NO.:.....

FAMILY DOCTOR:..... TEL. No.:.....

PARENT(S) / GUARDIAN(S) INFORMATION

	MOTHER/LEGAL GUARDIAN	FATHER/LEGAL GUARDIAN
FULL NAME		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
TELEPHONE	(H): (W):	(H): (W):
FAX		
CELL	1. 2.	1. 2.
EMAIL <i>(please write clearly)</i>		
OCCUPATION		
NAME OF EMPLOYER & ADDRESS		

ACKNOWLEDGEMENT

I, Mr. / Mrs. / Dr. / Ms.(full name), being the parent / legal guardian of.....(full name of child), hereby acknowledge that I have read and understood all the particulars in and of this form and that all information given by me is accurate to the best of my knowledge. I understand that the registration fee of P100 payable at the time of registration is non- refundable. I hereby agree that I shall legally be liable for the full payment stated on the invoice(s) of all the fees and levies as stipulated from time to time.

I understand that, if my child is offered a place at Mophato Private High 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 starts school. I agree that I shall legally be required to give one term's notice in writing, of my intention to withdraw my child from Mophato Private High 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.

NOTICE: CAPITAL DEVELOPMENT LEVY (CDL) AND SCHOOL FEES

Please note that as of the date of this admission form, the CDL payable on acceptance of a place at Mophato Private High School is P..... and the school fees are P..... per term. These figures are subject to being changed by Mophato Private High School Board, at their discretion.

The following documents must accompany this registration form.

- i. Academic report from previous school or copy of public exam results,
- ii. A testimonial of character from the previous school,
- iii. A copy of the birth certificate / passport,
- iv. 2 passport size photographs of the child.

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

FOR SCHOOL OFFICE USE ONLY

Admission Form received on:..... (date)

Received and Checked by:.....(full name)

Signed on behalf of Principal:.....(full name)

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