

Please attach
Passport size
Photograph

Lilfordia School

190 Sam Nujoma St, Avondale, Harare (Town Office)

Email: pippa@lilfordia.com

ADMISSION REGISTRATION FORM To be completed in BLOCK LETTERS please

Date: _____

Child's Surname: _____ Other Names: _____
Is your child's surname the same as yours? If not please give details over the page.

Child's Date of Birth ____/____/____ BOY / GIRL (delete inapplicable)
(COPY OF BIRTH CERTIFICATE REQUIRED)

When and in which Grade are you seeking a place for your child?

TERM: _____ YEAR: _____ GRADE: _____ BOARDER / DAYSCHOLAR
(delete inapplicable)

Sibling at Lilfordia? YES / NO Relation at / attended Lilfordia? YES / NO
If yes to above – which house? _____ Details of the above: Years attended _____
Name of Sibling or Relation: _____

Parent/Guardian Information

Father's full name: _____ Mother's full name: _____
Name of Company: _____ Name of Company: _____
Position held at Company: _____ Position held at Company: _____
Home Address: _____ Home Address: _____
Email Address _____ Email Address _____

Phone: (H) _____ (B) _____ Cell's (Mom) _____ (Dad) _____

Alternative Contact in Harare (a relation or friend)

Name: _____ Telephone No.: _____
Address: _____

Family Background

- What position is the child in the family? _____
- How many siblings does he/she have? _____
- What are their names and ages? _____
- Do both parents live at home? (If no, please explain) _____
- Are parents natural parents / adoptive parents / guardians? _____

Medical History

- Were there any notable illnesses during childhood (e.g. measles, mumps etc.)?

- Has he/she been hospitalised for any illnesses? If so, give brief details.

- Does he/she have any allergies? _____
- Is there a history of hyperactivity or attention difficulties? _____
- Is he/she on any medication on a permanent or regular basis? _____
- Has he/she ever had a serious injury or accident (e.g. broken bones, concussion)

- Is there a history of learning disability in the family? _____

COPY OF MEDICAL AID CARD REQUIRED: PLEASE SUPPLY EVIDENCE OF RECENT AUDITORY AND VISUAL TEST (If unsure, the school will provide a list of suitable professionals who perform the test to the required standard)

Educational History

- Please list the names and dates of all pre-schools/schools attended. **(Attach copies of previous year's reports)**

- Please explain the reasons for any school changes. _____

- Has any learning difficulty been recognised and by whom? _____

- Was there any provision made for the difficulty at any of the schools he/she attended?

- Have any assessments already been carried out (e.g. psychological report, previous teacher assessments etc)?

COPIES OF ASSESSMENT TO BE ATTACHED

Other information

If there is any other information that you think is relevant, please inform us:

Please state if you want your child to take:-

Piano - YES / NO

Is there a piano at home ? YES / NO

(The waiting list is very long for lessons, so please only complete if your child is really keen/serious about having lessons)

Declaration by Parent and Guardian

In the event that I accept a place for my child at Lilfordia School:-

- a) I,.....(Name of Parent or Guardian) agree and accept, that the Headmaster (Mr D. Campbell) & Superintendent (Mrs L. Campbell), or their duly appointed deputies, may act "in loco parentis" in the event of a signature being urgently required for hospitalisation, travel documents etc.
- b) I agree to the Superintendent using her own discretion in administering any medical attention to my child in conjunction with the Registered Nurse on the premises.
- c) I undertake to pay a term's fees in lieu of notice, should my child be withdrawn from Lilfordia without due notice being given.
- d) I understand that corporal punishment may be administered when necessary by the Headmaster.
- e) I agree to my child being transported in school vehicles and at times by parents of school children.
- f) I agree to allowing photographs of my child/ren to be published on all **OFFICIAL** Lilfordia School social media and advertising platforms.
- g) **Please check with our Town Office for the Registration Fee.**

Signature _____

Date _____

N.B.

BY COMPLETING & RETURNING THIS FORM MEANS THAT YOU AGREE TO THE TERMS HEREIN

THE COMPLETION AND SUBMISSION OF THIS APPLICATION FORM IN NO WAY GUARANTEES OR ENTITLES THE APPLICANT TO AN APPOINTMENT, INTERVIEW OR A PLACE AT LILFORDIA SCHOOL. SHOULD A PLACE BECOME AVAILABLE, THE APPLICANT WILL BE INFORMED. NO DISCUSSION OR CORRESPONDENCE REGARDING PROSPECTIVE PLACEMENT WILL BE ENTERED INTO, EXCEPT AT THE INITIATION OF THE SCHOOL.

Your child's name **cannot** be entered on the Waiting List until we have received this application and Registration Fee, so please complete and return as soon as possible.

Please be sure to advise us of any change of address, telephone number or E-mail.

WHEN MAKING ENQUIRIES **PLEASE** PROVIDE YEAR OF REQUIRED ENTRY, AND GRADE.

~ Thank you for your interest in Lilfordia ~