

Please attach  
Passport size  
Photograph

# Lilfordia School

The Performance Hub, 170 The Chase, Mount Pleasant, Harare

Email: [pippa@lilfordia.com](mailto:pippa@lilfordia.com)

Please print out the admission form, complete it and drop it at The Town Office, along with registration fee, birth certificate and photograph.

There is a registration fee of USD20 or the RTGS equivalent at the rate of the day.

**There are no online admissions.**

## 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: \_\_\_\_\_

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**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***

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**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. OT, Ed Psyche, previous teacher assessments etc)?  
\_\_\_\_\_  
\_\_\_\_\_

***COPIES OF ASSESSMENT TO BE ATTACHED***

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**Other information**

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

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**Declaration by Parent/Guardian**

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

- a) I,.....(Name of Parent/Guardian) agree and accept, that the Headmaster, Mr Donald Campbell (or duly appointed deputy), may act "in loco parentis" in the event of a signature being urgently required for medical treatment, travel documents etc.
- b) I agree to the Nursing Sister using her own discretion in administering any medical attention to my child in conjunction with the Superintendent 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 (not names) of my child/ren to be published on all **OFFICIAL** Lilfordia School social media and advertising platforms.

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.

*~ Thank you for your interest in Lilfordia ~*