Please attach Passport size Photograph

Lilfordia School

Offices 4 & 5, 57 Glenelg Road, Vainona, Harare

Email: pippa@lilfordia.com

ADMISSION REGISTRATION FORM

To be completed in BLOCK LETTERS please

	Date:	
Child's Surname:	Other Names:	
Is your child's surn	name 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 seek	king 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? Name of Sibling or Relation:	Details of the above: Years attended	
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 f	friend)	
Name:	Telephone No.:	
Address:		
Family Background		

Family Background

• What position is the child in the family?

ow many siblings does he/she have?	
/hat are their names and ages?	_
o both parents live at home? (If no, please explain)	
re parents natural parents / adoptive parents / guardians?	
<u>cal History</u>	
Vere there any notable illnesses during childhood (e.g. measles, mumps etc.)?	
as he/she been hospitalised for any illnesses? If so, give brief details.	_
oes he/she have any allergies?	_
there a history of hyperactivity or attention difficulties?	
he/she on any medication on a permanent or regular basis?	_
as he/she ever had a serious injury or accident (e.g. broken bones, concussion)	
there a history of learning disability in the family?	
COPY OF MEDICAL AID CARD REQUIRED	
PLEASE SUPPLY EVIDENCE OF RECENT AUDITORY AND VISUAL TEST	,
etional History lease list the names and dates of all pre-schools/schools attended. (Attach copies of previous year's re	orts)
lease explain the reasons for any school changes.	
as any learning difficulty been recognised and by whom?	
/as there any provision made for the difficulty at any of the schools he/she attended?	
ave any assessments already been carried out (e.g. OT, Ed Psyche, previous teacher assessments etc)?	-

Other information

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

	ation by Parent/Guardian
n the ev	vent 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.
Sigr	nature 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.

 $^{\sim}$ Thank you for your interest in Lilfordia $^{\sim}$