

# Lilfordia School

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

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

Please attach  
Passport size  
Photograph

Please print out the admission form, complete it, and drop it at the Town Office (mornings only), along with registration fee, birth certificate and photograph. The registration fee is USD 50.

**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: \_\_\_\_\_

**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 only in accordance to the School Punishment Protocol.
- e) I agree to my child being transported in official school vehicles driven by designated school drivers and teachers.
- f) I agree to allowing images of my child/ren to be published on all **OFFICIAL** Lilfordia School social media and advertising platforms in accordance to the School Social Media Protocols.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE**

**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 ~*