**Musikili Primary School**

**APPLICATION FORM**

Please complete and return to the school office along with required documentation.

Scanned and Emailed copies will be accepted however the original is also required upon admission.

Submission of this form does not guarantee entry to the School

Priority will be given to applications received by 31st October for January admissions.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **ACCEPTED** | **DECLINED** | **Family Code** | 3 |  |  |  |  |  |  |  | **Document Check List** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | I.D. - Parents |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | School Report |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Learner’s Birth Certificate |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Other Relevant Reports |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Pay Slip |  |  |
| **(For Office Use Only)** | | | | | | | | | | | | | | |

1. **Full Name of Pupil** …………………………………………………………………………………

(***Please underline preferred first name***)

**Gender:** Male □ Female □ **Present Grade & School:** …………………………………….

1. **Date of Birth:** Day ………… Month …………………………… Year ………………………..

**(Please attach birth certificate)**

1. **Nationality** ……………………… **Home Language** ……………… **Religion** …………….......
2. **Proposed date of entry to Musikili** ……………………………….
3. **As a:**  **Boarder □ Day Scholar □**
4. **Home Address: (where child will reside) Postal Address:**

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1. **Father’s/Guardian’s full name and title** …………………………………………………………

Occupation …………………………………… Company………………………………………….

NRC / Passport No………………………….. **(attach copy of I.D. and Payslip/Salary Advice)**

Work telephone no. …………………………………Cell Phone no. ………………………….

E-mail address …………………………………….

**Marital Status (Please tick appropriate box)**

Single □ Married □ Separated □ Divorced □ Widower □

1. **Mother’s/Guardian’s full name and title** ………………………………………………………

Occupation ……………………………………… Company………………………………………

NRC / Passport No…………………………….. **(attach copy of I.D. and Payslip/Salary Advice)**

Work telephone no. …………………………………Cell Phone no. …………………………

E-mail address …………………………………….

**Marital Status (Please tick appropriate box)**

Single □ Married □ Separated □ Divorced □ Widow □

1. **Child lives with** …………………………………………….
2. **In case of an emergency, please contact**

|  |  |
| --- | --- |
| 1. **Name & Surname** |  |
| 1. **Relationship to Child** |  |
| 1. **Work / Cell Number** |  |
| 1. **Email Address** |  |
| 1. **Residential Address** |  |

1. **Has any other family member attended Musikili in the past? If yes, please give details.**

……………………………………………………………………………………………………………..

1. **Details of any previous schools attended name(s)/dates**

**(Please include a copy of the pupil’s most recent report and transfer card from the releasing school)**

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1. **Please give details of any physical or medical conditions or learning difficulties**

**(Attach medical certificate/Education Assessment, reports e.t.c.)**

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1. **Medical Details:**

Doctor’s Name ………………………………….. Telephone No ………………………………

Medical Aid ………………………… Member No …………………….. Name……………………..

1. **If a company or 3rd party is responsible for fees, provide details**

|  |  |
| --- | --- |
| 1. **Name / Company** |  |
| 1. **Contact Person** |  |
| 1. **Address** |  |
| 1. **Telephone Number** |  |
| 1. **Email Address** |  |

1. **Signature of person responsible for paying fees** ……………………………………….

**(If not parent, a Company Representative)**

**Company Stamp**

1. **General terms and conditions**
   1. Fees are payable termly in advance unless otherwise agreed.
   2. One term’s written notice is required if I wish to withdraw my child, or I must pay one term’s fees in lieu of notice.

I (**Please print name**) Father ………………………………… Mother…………………………………

accept the terms and conditions of Musikili School.

**Father Signature**: …………………………………… **Date**: …………………………………

**Mother Signature**: …………………………………... **Date**: ………………………………….

………………………………………………………………………………………………………………….…

**Please indicate how you first heard about Musikili**

Advertisement (**state where**) …………………………………………….….. Friends/relatives

Reputation Poster (**state where**) …………………………………………………………….

Internet website Brochure Newspaper article (**state where**) ……………………………..

Other (**please state**) ……………………………………………………...............................

**Musikili Primary School**

**Permission to publish personal image**

Dear Parent

Various media are utilised as part of the school’s marketing and communication systems. One of the strongest aspects of especially our marketing programme is displaying photographic images of our pupils in action in the classroom, participating in cultural activities and on the sport field.

By signing the consent section below, you agree that the school may use a school activity related image of your child on its’ marketing materials. These materials may include the school’s web site, brochures, leaflets, school magazine or other electronic means of communicating with the existing, past and potentially future parent community of the school.

While is must be understood that electronic media is fundamentally insecure in terms of access by unintended recipients, *the school will not divulge or include any personal information other than a photographic image in or on media not intended only for receipt by the existing school parent community.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full name and Surname) parent / legal /

guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pupil’s full name and Surname)

hereby grant permission for my child’s photographic image to be utilised on or in documents or electronic communications for the purposes of marketing Musikili Primary School to prospective parents. Further, I agree to my child’s photographic image, name and details of performance in an event / activity to be published in school communications such as the school newsletter, distributed to the current school community.

**Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Musikili Primary School**

**Indemnity Declaration of Parent/Legal Guardian**

I, ……………………………………………………………………………. (Full names)

Hereby declare that

1. I agree, in the event of any emergency arising, medical or otherwise, in which it is not possible for effective communication to be established with the parent, that the Headmaster, or Acting Headmaster, has authority “in loco parentis” to make any decision considered necessary, in connection with the welfare of my child/children.
2. I agree that my child, for the duration of their attendance at Musikili School, may travel on school visits – either with school teams fulfilling sports fixtures or attending educational visits, where said fixtures or visits have been arranged with the approval of the Headmaster. I understand that my child takes part entirely at their own risk and that while every precaution and care will be taken by the organisers to ensure the safety of my child, that neither the school nor the members of School staff nor any person assisting with the transport of my child shall be held responsible for any accident, illness or injury which may arise.
3. I give my consent for the entire duration of my child’s attendance at Musikili to take part in all and any extra-mural activities. I understand and accept that all of these activities shall be undertaken at my child’s own risk and hereby undertake on behalf of myself and my spouse/partner to indemnify, hold blameless and absolve the School Directors, the Headmaster, the school staff and all other persons involved in such activities against and from all or any claims of whatsoever nature, in connection with any loss or damage to the property or injury to the person of my child in the course of or as a result of such activities.

**Signature of Parent or Guardian:** ………………………………………………………

**Date:** ………………………………………………………………………...

**Witness:** ………………………………………………………………………...

**Witness:** …………………………………………………………………………

**Date:** …………………………………………………………………………