

## BOTLHALE

CAMBRIDGE INTERNATIONAL SCHOOL

PRE-PRIMARY • PRIMARY • SECONDARY

42485 Limpopo Drive • P.O. Box 3076 • Gaborone • Botswana Tel: 3162307/8; Fax:3162309 • E-mail: botlhale@btcmail.co.bw

## **APPLICATION FOR ADMISSION**

(PRE-PRIMARY & PRIMARY)

## Please complete this form in BLOCK LETTERS

APPLICATION FOR ADMISSION TO:			
Class:	Year: Term: STUDENT		
DETAILS OF STUDENT:			
Surname:			
First Names:			
Sex:	MALE / FEMALE  Date of Birth:		
Nationality:	Religion:		
Previous Schools:			
Siblings attending Bothale:			
(NAME & CLASS)			
DETAILS OF PARENTS:			
Full nam Father/Guard			
Nationa	ality: Occupation:		
Plac Employm	e of eent:		
Telephone: V	Vork Home: Fax: Cell:		
Emo	il id		

## **DETAILS OF PARENTS (continued):** Full name of Mother: **Nationality:** ID: Occupation: Place of **Employment:** Telephone: Work Cell: Home: Fax: Email id Postal address for all correspondence:

Physical address (Road & Plot No.)			
Name & address of person/company responsible for payment of fees *(Letter is required if company is paying)	the fees)		
MEDICAL DETAILS OF CHILD:			
Allergies from which the child suffers:			
History of medical problems/information that the school should be aware of:			
Family Doctor (TO BE CONTACTED IN EMERGENCY)	TEL NO.:		
This application is valid on the payment of a non-refundable Registration Fee of P100/ Please retain the official receipt.  The following documents are required to be attached upon submission of this form.  1) Certified copy of the Birth Certificate 2) Copy of Vaccination Record 3) Details of previous schooling.  This application does not guarantee the child a place at the school. Parents will be notified in writing when the child is offered a place at the school and parents should confirm this by the payment of fees in full before the start of the school term.			
I confirm having read the above, as well as the School Rules & Regulations and agree to abide by them.	FOR OFFICIAL USE ONLY		
Name:	Date of application:  Receipt Number:		
Relationship to child:	Date of Birth Confirmed: Yes No		
	VACCINATION RECORD ATTACHED: YES NO		
Signature:  Date:	Prev. schooling details provided: Yes No Checked by:		
	Impression House 392298		