

KHANYISILE PRIMARY SCHOOL

**P.O. BOX 7078
MANZINI
M200
SWAZILAND
TEL: +268-2505-7213
Fax: +268-2505-7213**



APPLICATION FOR ADMISSION

All particulars of this form must be correctly completed, using block capitals, and must be accompanied by the latest school report and Birth Certificate & Immunization certificate photocopy.

A. PARTICULARS OF CHILD

SURNAME OF CHILD: _____

CHRISTIAN NAMES (in full) _____

DATE OF BIRTH: _____

SEX: _____ NATIONALITY: _____

BROTHERS OR SISTERS AT THIS SCHOOL: _____

RELIGION: _____

NAME : _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

DATE OF ENTRY REQUIRED: _____

ENTRY REQUIRED INTO WHICH STANDARD OR GRADE: _____

LAST SCHOOL ATTENDED: _____

LAST GRADE OR STANDARD PASSED: _____

(N.B. Proof in the form of latest school report must be produced)

HOME LANGUAGE: _____

OTHER RELEVANT DETAILS: _____

B. PARTICULARS OF PARENTS

FATHER:

FULL NAME: _____
(Surname) (Christian names)

NATIONALITY: _____

RESIDENTIAL ADDRESS (House No. & Street) _____

POSTAL ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NO: _____
CELL NO. _____

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

SCHOOL FEES TO BE PAID TO SCHOOL SECRETARY ON THE FIRST DAY OF EACH TERM

MOTHER

FULLNAME: _____
(Surname) (Christian names)

NATIONALITY: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

HOME PHONE NO. _____ WORK PHONE NO. _____
CELL NO. _____

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

∴ EMERGENCY CONTACT NUMBER _____

C. PARENT’S DECLARATION

I _____
(Parent/Guardian)

- i) Certify that all the above details are correct and true.
- ii) Agree on behalf on myself and my child to abide by all school rules and regulations.
- iii) To pay all school fees when due.
- iv) Nominate my child to study ONE of the following languages as a SECOND language.

SISWATI

FRENCH

AFRIKAANS

N.B. Please note:

- **Should you choose Afrikaans, your child will not write SPC exams in grade seven.**

MEDICAL AUTHORITY

I hereby give permission to the headmaster/headmistress or this representative to transport my child.

_____ to a doctor for emergency treatment in the event of any injury at school or during school activities.

PARENT’S SIGNATURE: _____

DATE SIGNED: _____

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CONSENT AND INDEMNITY FORM

I, _____
(full name in blockletters)

ADDRESS: _____

THE PARENT OR GUARDIAN OF: _____
(Child's name in block capitals)

hereby give my consent for my SON/DAUGHTER to take part in the extramural activities of the school and any educational tour or sporting fixtures for which my child might be selected.

I understand and accept that all tours, excursions, extramural and all classroom and sporting activities shall be undertaken at my SON/DAUGHTER'S own risk and undertake on behalf of myself, my executors, my wife/husband and my child to indemnify, hold harmless and absolve the company, the principal and the staff against or from any or all claims whatsoever that may arise in connection with any loss or damage to property or injury to the person of my child in the course of any such activity in knowledge that the principal and his/her staff nevertheless, take all reasonable precautions for the safety and welfare of my child.

If any part of this form is not agreed upon, the application will be refused.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

PLACE: _____

