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|  | **Sir Harry Johnston International School** | Kalimbuka Road  P.O. Box 52  Zomba  Malawi  Tel: 01525280  [greatlearning@sirharryszomba.com](mailto:greatlearning@sirharryszomba.com)  [www.sirharryszomba.com](http://www.sirharryszomba.com) |

**SECONDARY SCHOOL APPLICATION FOR ENROLMENT**

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| PASSPORT SIZE PHOTOGRAPH OF CHILD | 🞎**Year 7** 🞎**Year 8** 🞎**Year 9**  🞎**Year 10** 🞎**Year 11** |
| **Start date:**  **Type of application:** Day / Boarding \* |

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| 1. **STUDENT INFORMATION** | |
| **Full name:** | **Sex:** |
| **Date of birth:** | **Nationality:** |
| **Religion:** | **Home language:** |
| **Previous schools:** | **Name of brothers/sisters at this school:** |

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| 1. **PARENT/CARER CONTACT INFORMATION** | | |
| **FIRST CONTACT** | **SECOND CONTACT** | |
| **Title:** Dr / Mr / Mrs / Miss/ Ms\* | **Title:** Dr / Mr / Mrs / Miss/ Ms\* | |
| **Name:** | **Name:** | |
| **Employer:** | **Employer:** | |
| **Office Tel:** | **Office Tel:** | |
| **Home Tel:** | **Home Tel:** | |
| **Mobile:** | **Mobile:** | |
| **Email:** | **Email:** | |
| **Work address:** | **Work address:** | |
| **Residential address:** | **Residential address:** | |
| 1. **RESIDENTIAL STATUS** | | |
| 🞎**Malawian** 🞎**P.R.P** 🞎**B.R.P** 🞎**T.E.P.** 🞎 **T.A.P.** | | **Do you pay Malawi Tax on your earnings?**  🞎**Yes** 🞎**No** |

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| 1. **MEDICAL INFORMATION** | | | | | |
|  | | **Yes** | **No** | **Additional Information** | |
| **Does the student have any allergies?** | |  |  |  | |
| **Does the student have any dietary restrictions?** | |  |  |  | |
| **Is the student taking any medicine on a regular basis?** | |  |  |  | |
| **Is there any other medical condition that the school should be aware of?** | |  |  |  | |
| **Medical aid plan:** | **Principle member:** | | | | |
| **Scheme type:** | **Membership no:** | | | | **Suffix:** |

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| 1. **COMMUNICATION INFORMATION:** | |
| **Which email address/es should be used to send newsletters?**  **(please write clearly)** |  |
| **Which WhatsApp number/s should be used for school notices?** |  |

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| 1. **PERSON/ORGANISATION RESPONSIBLE FOR PAYING FEES** | |
| **Name:** | |
| **Email address:** | **Tel:** |
| **Address:** | |
| 1. Any parent with outstanding debts from previous years will not be allowed to enroll any student at the school. 2. Any parent/guardian with outstanding debts from the previous term will not be allowed to enroll a student for the next term. 3. Commitment to pay school fees is between the parent/guardians regardless of whether employers are paying for them. 4. No post-dated cheques to clear arrear debts will be accepted. 5. Fees must be paid directly into the bank. Deposit slips or proof of payment should then be presented to the office. | |

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| 1. **DECLARATION BY PARENT/CARER:** | |
| **I would like to apply for my child to be enrolled at Sir Harry Johnston International School and agree to the following:**   1. He/she will conform with the rules and regulations of the school. 2. He/she will attend all sessions required by the school during term times, including extra sporting and cultural events. He/she will always arrive and be collected punctually at all times. 3. He/she will wear school uniform in a clean and tidy manner and keep hair trimmed and tidy at all times avoiding all extremes. 4. I accept full responsibility for punctual payment of school fees due in respect of the child’s school attendance. 5. I will inform the school of any changes in address or telephone numbers, either residential or business, this being essential in the case of emergency. 6. I will notify the school one month in advance should I intend to withdraw the child for any reason whatsoever. 7. I will notify the school with all the details should the child ever be left in the care of another person while the parents are both absent from home. 8. I will attend parent interviews when specifically requested. 9. In the event of an accident or serious illness of the child, and should I be unable to be contacted, I authorise the Principal to seek medical treatment for the child, at his complete discretion, and I agree to pay all medical fees in this respect. 10. I agree to notify the school, at the time, of any illness, accident, medical condition (whether under treatment or not), or any other circumstances (such as bereavement), which might affect the physical or mental performance of the child. 11. I recognise that the school cannot take liability for loss or damage to the possessions of my child while he/she is at school or on school trips of any nature. 12. I give permission for my child’s image and/or video to be taken and used in publicity material for the school, including printed and electronic publications, video and on websites. 13. I accept that failure to comply with these rules and regulations may result in my having to withdraw my child/ren from the school. | |
| **Signed by parent/carer:** | **Date:** |

**PLEASE ENCLOSE A COPY OF YOUR CHILD’S BIRTH CERTIFICATE OR PASSPORT, A PASSPORT PHOTOGRAPH, A COPY OF YOUR CHILD’S PREVIOUS SCHOOL REPORT AND A NON-REFUNDABLE REGISTRATION FEE OF K50,000.**

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| 1. **FOR OFFICE USE ONLY** | |
| 🞎**Date of birth verified**  🞎**Class checked** | |
| **Registration Fee Receipt Number** |  |
| 🞎**Email address/es added** | |
| 🞎**WhatsApp number/s added** | |
| **Date started:** |  |
| **Date left:** |  |