

WUKANI EDUCATION FACILITY

JOHN DUBBEY PRIVATE SCHOOL

P.O. BOX 273 CELL:

KARONGA +265 995 027 330 / +265 894 902 728 (Primary)

Email: Wukani1989@gmail.com

STUDENT APPLICATION FOR ADMISSION

This application form must be completed in full before your child is considered for admission. The application form submission must be submitted together with nonrefundable entrance and registration fee. Complete the form in **BLOCK LETTERS** and attach your child's recent passport size photo.

	Child's full name:	
✓	Full date of birth:	Full place of birth:
		Current area of residence:
✓	Child's current class:	Previous school attended:
✓	Education Division:	District Education:
✓	Child's new class being applied	d for:
✓	Child's code number:	
✓		
✓	Child's health related issues if	any: (requiring urgent attention)
✓	Indicate the type of food the c	hild does not eat:
✓	Indicate the denomination of	the child:
✓	Child's transfer letter: at	not attached
✓	Child's status: Orphan	Not an Orphan
✓	Child's academic history	
	The child has previously atter	ded the following school:
	a. School name:	

	Classes:
	Years:
	Class repeated:
	Class skipped:
b.	School name:
	Classes:
	Years:
	Class repeated:
	Class skipped:
leaso	n for repeating the class
	n for skipping the class:
	r./Miss/Hon/Dr./Prof:
	onship to the applicant:
]	onship to the applicant: Biological parent Foster parent / Guardian Sponsor
] Biolog	onship to the applicant:
l Biolog Occup	onship to the applicant: Biological parent Foster parent /Guardian Sponsor gical parents/Foster/Guardian/ Sponsor: ation:
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Biolog Occup Organ Positio District Organ Postal Email	onship to the applicant: Biological parent Foster parent /Guardian Sponsor gical parents/Foster/Guardian/ Sponsor: ation: ization/Firm: on: ct: dization/Office/Home /Mobile phone numbers: Address:
Biolog Occup Organ Positio Organ Postal Email The ch	onship to the applicant: Biological parent Foster parent /Guardian Sponsor gical parents/Foster/Guardian/ Sponsor: ation: ization/Firm: on: ct: Address: Address:

before	e if the child has ever been suspended or expelled from any other school for the suspension or the expulsion:
	special extra-curricular activity/interest/abilities/achievements/awards:
	mental or physical handicaps: Yes No explain:
Other si	a. Full name:
	Sex:
	Age:
	Class:
	b. Full name:
	Sex:
	Age:

FEES PAYMENT COMMITMENT CLAUSE/DECLARATION

Icommit/declare, that the child herein
is under my care/sponsorship and that I am fully responsible for the payment of his
or her school fees and other requirements such as; school uniform, sports attire,
educational visits, medication, transport and special meals if required. I am fully
aware that the school will take all other necessary measures to recover or secure
the fees or other monetary requirements from me or my organization in case of any
defaulted payment. I am also fully aware that I have to pay half down the total amount of school fees or pay in full upon my child's admission into Wukani
Education Facility or finish the other half at the end of the first month of the term. I
also accept all penalties and punishments the school can administer on my
child/ward or ask my child to do such, if found guilty of breaking school rules and
regulations or theft or breakage of any school property.
Parents/Guardian Name:
Signature:

School manager's Name:
Signature:
Date:
School stamp