



WUKANI EDUCATION FACILITY

THINK BIG PRIVATE SCHOOL

P.O. BOX 438

KASUNGU

CELL:

+265 993 646 850 (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.

GENERAL LEARNER INFORMATION

- ✓ Child's full name: _____
- ✓ Full date of birth: _____ Full place of birth: _____
- ✓ District: _____ Current area of residence: _____
- ✓ Child's current class: _____ Previous school attended: _____
- ✓ Education Division: _____ District Education: _____
- ✓ Child's new class being applied for: _____
- ✓ Child's code number: _____
- ✓ ☐ Boarder ☐ Day scholar
- ✓ Child's health related issues if any: (requiring urgent attention)

- ✓ Indicate the type of food the child does not eat: _____
- ✓ Indicate the denomination of the child: _____
- ✓ Child's transfer letter: ☐ attached ☐ not attached
- ✓ Child's status: ☐ Orphan ☐ Not an Orphan
- ✓ Child's academic history

The child has previously attended the following school:

a. School name: _____

Classes: _____

Years: _____

Class repeated: _____

Class skipped: _____

b. School name: _____

Classes: _____

Years: _____

Class repeated: _____

Class skipped: _____

✓ Reason for repeating the class: _____

✓ Reason for skipping the class: _____

BIOLOGICAL PARENT/GUARDIAN INFORMATION

✓ Rev/Mr./Miss/Hon/Dr./Prof: _____

✓ Relationship to the applicant:

☐ Biological parent ☐ Foster parent /Guardian ☐ Sponsor

✓ Biological parents/Foster/Guardian/ Sponsor: _____

Occupation: _____

Organization/Firm: _____

Position: _____

✓ District: _____

✓ Organization/Office/Home /Mobile phone numbers: _____

✓ Postal Address: _____

✓ Email: _____

✓ The child to use school:

☐ Bus ☐ Taxi ☐ Bicycle/Motorcycle

☐ Parent/Guardian Vehicle/Motorcycle/Bicycle

✓ Full name of the transporter: _____
Contact numbers: _____
Transporters **NRB ID** number: _____

✓ Indicate if the child has ever been suspended or expelled from any other school before ☐
Reason for the suspension or the expulsion: _____

✓ Child's special extra-curricular activity/interest/abilities/achievements/awards: _____

✓ Child's mental or physical handicaps: ☐ Yes ☐ No
If yes, explain: _____

✓ Other siblings you have at Wukani Education Facility presently:
a. Full name: _____
Sex: _____
Age: _____
Class: _____

b. Full name: _____
Sex: _____
Age: _____
Class: _____

✓ Reasons for registering your child at Wukani Education Facility:

FEES PAYMENT COMMITMENT CLAUSE/DECLARATION

I _____ commit/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