

## WUKANI EDUCATION FACILITY

THINK BIG PRIVATE SCHOOL P.O. BOX 438 CELL:

**KASUNGU** +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.

G	ENERAL 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:

Years:  Class repeated:  Class skipped:  b. School name:  Classes:  Years:  Class repeated:  Class repeated:  Class repeated:  Class repeated:  Class skipped:  Reason for repeating the class  Reason for skipping the class:  COGICAL PARENT/GUARDIAN INFORMATION  Relationship to the applicant:  Biological parent Foster parent /Guardian Sponsor  Biological parents/Foster/Guardian/ Sponsor:  Decupation:  Drganization/Firm:  Position:  District:  Drganization/Office/Home /Mobile phone numbers:  Dostal Address:  Email:		Classes:
Class repeated: Class skipped:  b. School name: Classes: Years: Class repeated: Class skipped: C		
b. School name: Classes: Years: Class repeated: Class skipped: Cla		Class repeated:
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Classes: Years: Class repeated: Class skipped:  Reason for repeating the class Reason for skipping the class:  LOGICAL PARENT/GUARDIAN INFORMATION  ev/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:	b.	School name:
Years:		
Class skipped:  Class skipped:  Reason for repeating the class  Reason for skipping the class:  CLOGICAL 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:		
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Reason for skipping the class:  LOGICAL PARENT/GUARDIAN INFORMATION  ev/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:		Class skipped:
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Rev/Mr./Miss/Hon/Dr./Prof:		
ev/Mr./Miss/Hon/Dr./Prof:		
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Biological parents/Foster/Guardian/ Sponsor:  Occupation: Organization/Firm: Position: District: Organization/Office/Home /Mobile phone numbers: Postal Address: Email: The child to use school:		
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Bus Bicycle/Motorcycle	Rev/M Relati Biolo Occup Organ Positi Distri Organ Posta	onship to the applicant: Biological parent Foster parent /Guardian Sponsor gical parents/Foster/Guardian/ Sponsor: Dization: Dization/Firm: Dization/Office/Home /Mobile phone numbers: Address:
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Parent/Guardian Vehicle/Motorcycle/Bicycle	Rev/M Relati Biolo Occup Organ Positi Organ Posta Email The c	onship to the applicant: Biological parent  Foster parent /Guardian Sponsor gical parents/Foster/Guardian/ Sponsor:  pation:  dization/Firm:  ct:  dization/Office/Home /Mobile phone numbers:  Address:  hild to use school:

✓	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
✓	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:

## 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:
<i></i>
School manager's Name:
Signature:
Date:
School stamp