

PHOTOGRAPH

APPLICATION FORM

TRANSITION to STANDARD 7

The following should accompany the application form for registration

- Most recent passport size photograph of applicant
- A copy of applicant's birth certificate
- A copy of applicant's most recent school report
- Proof of residency if the applicant is a non-citizen
- A transfer letter (required on admission)
- A non-refundable fee of P300

If all the above criteria is met, then JMS will contact the applicant for an entrance assessment and interview. Should the applicant be successful, then a transfer letter will be required on admission.



DATE OF APPLICATION		DATE OF BIRTH	d	d	m	m	y	y
PUPIL'S NAME AND SURNAME AS PER BIRTH CERTIFICATE			PRESENT STANDARD					
PLACE REQUIRED	STANDARD	PROPOSED DATE OF ENTRY	YEAR/TERM					
DETAILS OF PREVIOUS/CURRENT SCHOOL	NAME OF SCHOOL	ADDRESS	TELEPHONE NUMBER					
REASONS FOR LEAVING PREVIOUS/CURRENT SCHOOL								

PROSPECTIVE PUPIL'S DETAILS

THE NAME PUPIL USES AT SCHOOL											
SEX	MALE			FEMALE							
PLACE OF BIRTH	TOWN/CITY			COUNTRY							
NATIONALITY AS PER PASSPORT											
LANGUAGE/S SPOKEN AT HOME											
RESIDENCE STATUS IN BOTSWANA											
RELIGION											
SIBLINGS AT JMS BOTH PRIMARY AND HIGH SCHOOL	NAME			STANDARD/FORM							
	NAME			STANDARD/FORM							
	NAME			STANDARD/FORM							
PHYSICAL DISABILITIES											
ILLNESS/ALLERGIES											
THE APPLICANT RESIDES WITH?	MOM&DAD		<input type="checkbox"/>	MOM		<input type="checkbox"/>	DAD		<input type="checkbox"/>	RELATIVE/GUARDIAN	<input type="checkbox"/>
MEDICAL AID PROVIDER	NAME OF MEDICAL AID			NAME OF PRINCIPAL MEMBER			MEDICAL AID NO.				
NAME AND PHONE NUMBER OF FAMILY DOCTOR											
DO YOU HAVE ANY OBJECTIONS TO YOUR CHILD RECEIVING FIRST AID TREATMENT IN CASE OF A MINOR ACCIDENT OR EMERGENCY?						YES		NO			
HAS YOUR CHILD EVER BEEN IDENTIFIED AS HAVING ANY SPECIAL LEARNING NEEDS (IS GIFTED OR HAS A SPECIFIC LEARNING DIFFICULTY)? IF YES, PLEASE GIVE DETAILS											

HAS YOUR CHILD RECEIVED ANY SPECIALISED SUPPORT FOR LEARNING IN THE PAST? IF YES, PLEASE GIVE DETAILS											

HAS YOUR CHILD'S BEHAVIOUR BEEN IDENTIFIED AS A CONCERN AT A PREVIOUS/CURRENT SCHOOL? IF YES, PLEASE GIVE DETAILS											



PARENT'S DETAILS

PLEASE COMPLETE EACH SECTION FULLY. IF THE APPLICANT DOES NOT RESIDE WITH HIS/HER PARENTS PLEASE MAKE USE OF THE GUARDIAN SECTION

	FATHER	MOTHER	GUARDIAN (how are you related to applicant?)
ARE YOU A PAST JMS PUPIL?			
TITLE			
SURNAME			
FIRST NAMES			
NATIONALITY			
RESIDENCE STATUS IN BOTSWANA			
TELEPHONE NUMBER (W)			
(H)			
FAX NUMBER			
CELL NUMBER/S			
EMAIL ADDRESS			
MARITAL STATUS	MARRIED/SINGLE/SEPARATED/DIVORCED/ WIDOW/WIDOWER	MARRIED/SINGLE/SEPARATED/DIVORCED/ WIDOW/WIDOWER	MARRIED/SINGLE/SEPARATED/DIVORCED/ WIDOW/WIDOWER
POSTAL ADDRESS			
RESIDENTIAL ADDRESS			
PLEASE WHEN FILLING IN THE NAME OF YOUR EMPLOYER, DO NOT USE ABBREVIATIONS, BE SPECIFIC. IF YOU ARE SELF EMPLOYED WRITE YOUR COMPANY NAME. IF EMPLOYED BY A GOVERNMENT DEPARTMENT FOR INSTANCE, SPECIFY WHICH HOSPITAL, WHICH POLICE STATION OR WHICH SCHOOL etc.			
OCCUPATION			
EMPLOYER'S NAME			
EMPLOYER'S PHYSICAL ADDRESS			
EMPLOYER'S POSTAL ADDRESS			
IN AN EMERGENCY, IF NONE OF THE ABOVE ARE AVAILABLE, CONTACT :			
NAME:	CONTACT NUMBER	RELATIONSHIP TO THE PUPIL	



PARENTAL UNDERTAKING

I, Mr/Mrs./Ms.: _____ (Full name), being the parent/legal guardian of _____ (full name of child), hereby acknowledge that I have read and understood all the particulars in and of this application form and that all information given by me is accurate to the best of my knowledge.

1. I understand that by submitting this form, I authorize the School's Admission's Office to contact my child's previous/current school should further information be required in order to process this application.
2. I understand that the submission of this form and its acceptance by John Mackenzie School does not, in any way, guarantee that a place will be available for my child.
3. Should my child be offered a place. **I agree to be bound by the School's Rules, Regulations and Code of Conduct for Pupils and Parents.**
4. I understand that, if my child is offered a place at John Mackenzie Primary School, and I accept the place offered in writing, the full amount of a non-refundable Capital Development Levy of P2750 must be paid before the child enters the school.
5. I understand that the registration fee of P300 payable at the time of application, is non-refundable.
6. I hereby agree that, should this application be successful and my child is offered a place at John Mackenzie Primary School, I shall be legally liable for the full payment, by the due date on the invoice(s), of all school fees as stipulated from time to time.
7. I understand that should my obligations as indicated not be fulfilled then the School will have no alternative but to exclude my child/children until such time as the fees are brought up to date.
8. Before removing my child/children from the School, **a full school calendar term's notice shall be given, in writing**, of my intention to withdraw my child from John Mackenzie Primary School and that, failing to give such notice; I will be legally bound to pay the equivalent of one term's school fees in lieu of notice.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

Guardian's Signature: _____

Date: _____

FOR SCHOOL OFFICE USE ONLY

FINANCE DEPARTMENT

DATE APPLICATION RECEIVED	RECEIVED BY	REGISTRATION RECEIPT NUMBER
ADMISSIONS		EXIT
DATE ON OFFER LETTER	DATE PUPIL STARTS	EXIT DATE
CLASS TEACHER	CLASS /STANDARD ON ADMISSION	CLASS/STANDARD ON EXIT
ADMISSION NUMBER	SPORTING HOUSE	REASON FOR LEAVING
HOUSE ALLOCATED BY	ADMINISTRATOR'S SIGNATURE	ADMINISTRATOR'S SIGNATURE

