



MATSHWANE INTERNATIONAL SCHOOL

APPLICATION FORM

NOTE: The following documents must accompany this application:

- ☐ An unabridged copy of the applicant's birth certificate
- ☐ A copy of the applicant's most recent school report.
- ☐ A release letter from previous school stating which Std has been completed and that all school fees have been cleared.
- ☐ A copy of the applicant's immunization card (Std 00, 0, 1 applicants)
- ☐ Copy of Passport.
- ☐ Proof of Residence if the applicant is not a citizen (Residence permit)
- ☐ A copy of both parent's identity document/passport
- ☐ A non-refundable registration fee of P400

PUPIL'S NAME:

**PLACE REQUIRED IN
STANDARD:**

**PROPOSED DATE OF
ENTRY:**

**DETAILS OF PRESENT
SCHOOL:**

Name of School:	
Address:	Telephone Number:

CURRENTLY IN STANDARD:

**REASONS FOR LEAVING
PREVIOUS SCHOOL:**

Please complete all sections of the application form and return the form together with the required documents to:

Matshwane International School
P.O. Box 456
Maun
Botswana
Tel: +267 686 0773
Fax: +267 686 2440
Email: admin@matshwaneschool.ac.bw

PROSPECTIVE STUDENT'S DETAILS

Surname:					
First Name/s:					
Preferred Name:					
Date of Birth:	<i>Day</i>	<i>Month</i>	<i>Year</i>	<i>Male</i>	<i>Female</i>
Place of Birth:	Town / City			Country:	
Nationality as per Passport:				English Fluency	
Residence Status in Botswana:	<i>Citizen / Permanent Resident / Temporary Resident</i>				
Languages Spoken at Home:					
With whom does the applicant live?	<i>Mom & Dad / Mom / Dad / Relative / Guardian</i>				
Physical Challenges:					
Learning Challenges:					
Illness / Allergies:					
Medical Aid Provider		Medical Aid No		Name of Main Member	
Name and phone number of family doctor:					
Do you have any objections to your child receiving first-aid treatment in case of an accident or emergency?				Yes	No
Do you have any objections to Matshwane School using photographs, videos, or any other media in which your child may appear for promotional and educational purposes? This may include the school website and social media channels (Facebook, Instagram, Twitter, etc.)				Yes, I am comfortable with my child being featured on Matshwane marketing material	No, I prefer that my child not appear on any marketing material

Does the above student have any siblings at Matshwane School or Matshwane College?

Name		Standard/Form	
Name		Standard/Form	
Name		Standard/Form	
School fees will be paid by:	<i>Mom & Dad / Mom / Dad / Relative / Guardian / Other</i>		
If other, please Specify			
School correspondence must be addressed to:	<i>Mom & Dad / Mom / Dad / Relative / Guardian / Other</i>		

Has your child ever been identified as having any specific learning needs (is gifted or has a specific learning difficulty)? If yes, please give details below:

Has your child received any specialised support for learning in the past? If yes, please give details below:

Has your child's behaviour been identified as a concern at a previous school? If yes, please give details below:

PARENT'S DETAILS

	Father	Mother	Guardian
			<i>Relationship with Applicant:</i>
Title: (Dr/Mr/Mrs/Ms)			
Surname:			
First Name:			
Preferred Name:			
Omang/Passport No:			
Nationality:			
Residence Status in Botswana	<i>Citizen Permanent Resident Temporary Resident</i>	<i>Citizen Permanent Resident Temporary Resident</i>	<i>Citizen Permanent Resident Temporary Resident</i>
Telephone No: (H)			
(W)			
Preferred Contact # 1 st Cell Number			
2 nd Cell Number			
Dad's Email Address:			
Mom's Email Address:			
Marital Status:	Married / Single Separated / Divorced Widow / Widower Re-Married	Married / Single Separated / Divorced Widow / Widower Re-Married	Married / Single Separated / Divorced Widow / Widower Re-Married
Postal Address:			
Residential Address:			
<u>EMPLOYMENT DETAILS:</u> <i>(PLEASE DON'T WRITE SELF EMPLOYED, PLEASE FILL IN YOUR COMPANY'S NAME IF YOU WORK FOR THE GOVERNEMENT PLEASE WRITE WHICH SCHOOL, HOSPITAL OR GOVERNMENT DEPT OR BRANCH YOU WORK FOR.)</i>			
Employer:			
Position Held:			
Company's Physical Address:			
Company's Postal Address:			
<i>If in an emergency, we are not able to reach either parent who in Maun should we contact?</i>			
Name:		Contact Number:	Relationship to the Student
Name:		Contact Number:	Relationship to the Student

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 required by this application form and that all information given by me is accurate to the best of my knowledge.

- I understand that the submission of this form and its acceptance by Matshwane International School does not, in any way, guarantee that a place will be made available for my child.
- I understand that by completing this form, I authorize the school's Admission's Office to contact my child's previous school should further information be required to process this application.
- Should my child be offered a place, **I agree to be bound by the School's Rules, Regulations and Code of Conduct.**
- I understand that the registration fee of P400.00 payable at the time of application is non-refundable.
- I hereby agree that, should this application be successful, and my child is offered a place at Matshwane International School, **I shall be legally liable for the full payment, by the due date on the invoice(s), of all school fees and levies as stipulated from time to time.**
- I understand and agree that should the school fees not be paid on the due date; **my child will not be allowed to attend the school.**
- I understand that, if my child is offered a place at Matshwane School, and if I accept the place offered, in writing and on the proper form, the full amount of the non-refundable Development Levy is to be paid before the child enters the school.
- **If this application is successful, I acknowledge that I shall be legally required to give one term's notice, in writing, of my intention to withdraw my child from Matshwane International 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.**

Signed Mother: _____

Date: _____

Signed Father: _____

Date: _____

Banking details:

Matshwane School

First National Bank

Branch: Maun

Branch Code 282367

Swift Code: FIRNBWGX

Account Number: 6206 477 1134

Account's Office Email: finance@matshwaneschool.ac.bw

FOR SCHOOL OFFICE USE ONLY

Date application received: _____

Received by: _____

Called for assessment on: _____

Registration Receipt No: _____

Name of teacher responsible for assessment: _____

Results summary: _____

Financial clearance from current school Yes / No

Date: _____

Approved / Not Approved

Place offered in Standard: _____

To Start: _____