

Student Admission Application Form

Application for Std/Form		Year		Term	
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Student Details:

Surname		First Names	
D.O.B.	Present Standard/Grade	Male/ Female	
Nationality	Present School		
No. Siblings at TLCS	School Contact No.		
Birth Certificate/ Health Records	<input type="checkbox"/> Attached	Previous School Reports	<input type="checkbox"/> Attached
Copy of Current Residence Permit		<input type="checkbox"/> Attached	

Note: Application and Registration fees are non-refundable/ non-transferable. Term fees paid are refundable upon 30 days written notice of withdrawal. An amount equal to 30 days' fees will be charged for transcripts for withdrawal without notice. (Notice for withdrawal between terms must be 30 days before the new term starts.) Application does not guarantee a place in the school. Acceptance will be determined in accordance with the school's admissions policies.

Signature of parent or guardian

Name of parent or guardian

For office use only below this line:

Enrollment Check List:

Form Completed: Contract Signed:

Application fee paid: Schedule for testing:

Accepted: Term: Year: Class:

Receipt No: _____ Date: _____

The Learning Centre School
Private Bag BR 06, Plot 39439 Block 6
Gaborone, Botswana
Telephone 3916605 FAX 393-7595
Email: learn@tlcs.info.bw
Website: www.tlcsonline.com

School Term: _____

Student's Information

Student's Name: _____
Last First Middle
Preferred Name: _____ Title _____ Grade Level: _____
Date of Birth: _____ Gender: _____
Nationality _____ Blood Type: _____ Church Affiliation: _____
E-Mail Address: _____

Primary Family Information

Physical Address: _____
Postal Address: _____
Home Phone: _____ Cell Phone _____

Father's Information

Father's Name: _____
Last First Middle Suffix
Preferred Name: _____ Title: _____ E-Mail Address: _____
Mobile Phone: _____
Company Name: _____ Job Title: _____
Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____
Business E-Mail: _____ Fax: _____
Church Affiliation: _____
Emergency Contact:
Allowed to pick up child:

Mother's Information

Mother's Name: _____
Last First Middle Suffix
Preferred Name: _____ Title: _____ E-Mail Address: _____
Mobile Phone: _____
Company Name: _____ Job Title: _____
Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____
Business E-Mail: _____ Fax: _____
Church Affiliation: _____
Emergency Contact:
Allowed to pick up child:

Secondary Family Information

Address Line 1: _____

Address Line 2: _____

City State ZIPCode County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____

Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:

Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Mother's Information

Mother's Name: _____

Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:

Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Emergency Information

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ License: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ License: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ License: _____

Tag: _____

Notes: _____

**Private Bag BR 06
Gaborone, Botswana**

Contract and Release Form

Student's Name: _____ Date Registered: _____

I have read the TLCS Student Handbook and submit myself to it and to the administration of TLCS. I agree to support the staff in word and deed.

I hereby pledge to pay my financial obligations to the school when they are due. I understand they are due **before** the first day of the term.

I understand that any unpaid fees after that date will be deemed unpaid fees and will incur a late payment fee of P500. I understand that all fees must be paid in full before the student enters classes for the term.

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of homework, assignments, and projects. Also, I will be a part of every conference requested with me.

I give permission for my child to take part in all school activities, including school-sponsored trips away from school premises under the supervision of school staff. I also give my permission for any transportation of my child that is necessary for such trips. I will make a sincere effort to attend all school functions or activities to which parents or families are invited.

I appreciate the standards of the school and do not tolerate disrespect to God, the Bible, leadership authority or personnel of the school. I hereby agree to support all regulations of the school in the student's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child.

I give the school complete and unrestricted permission to search any personal item my child brings on campus. Any items found in such searches can be used in disciplinary proceedings.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

I agree that in case of illness or accident requiring a doctor's immediate attention and I and my emergency contacts cannot be reached, the physician I list may be called and is authorized to treat my child at my expense. If the doctor listed cannot be reached, I give permission for a doctor designated by TLCS to administer treatment at my expense. I release TLCS from liability for any illness resulting under all circumstances.

I release TLCS and its staff and representatives from any liability in the event of an accident or injury that occurs on school premises or on any school-sponsored activity away from the campus. I hereby authorize the school to give consent for any and all necessary emergency medical care for my child, in the event I cannot be reached to make such arrangements.

I agree that the principal and/or school chaplain shall be the sole remedy for any controversy or claim arising. As a result, I expressly waive my right to file a lawsuit in any court, while my child is enrolled and after he/she is withdrawn, concerning any aspect of TLCS.

I understand that falsifying any information on this application will result in the immediate cessation of its consideration, or in the immediate dismissal of my child after acceptance.

Mother's Name: _____ Father's Name: _____

Mother's Signature: _____ Father's Signature: _____