

# Student Admission Application Form

Application for Std/Form		Year		Term	
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**Student Details:**

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

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**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](mailto:learn@tlcs.info.bw)  
Website: [www.tlcsonline.com](http://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: \_\_\_\_\_ 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: \_\_\_\_\_

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: \_\_\_\_\_

## 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: \_\_\_\_\_