

Regent Hill Primary School

(English Medium)



P O Box 80513 Gaborone
Tel: +267 3919 727 Fax: +267 3919 729
inquiry@regenthillschool.com
www.regenthillschool.com

Application for Admission (Preschool)

Child				
Surname:				
First Names:		Gender:		
Date of Birth: dd	mm	yy	Town/Village:	Country:
Citizenship:				
Number of children in family:		Position in family:		
Any siblings attending Regent Hill? (give names)				
Language spoken at home:				
Desired date of Entry To Regent Hill:			Standard/Class:	
Father				
Full Name of Father:				
Postal Address:				
Physical Address:				
Citizenship:				
Occupation & Place of Work:				
Cell:	Landline:	E-mail:		
Mother				
Full Name of Mother:				
Postal Address:				
Physical Address:				
Citizenship:				
Occupation & Place of Work:				
Cell:	Landline:	E-mail:		

Next of Kin	Name:	Number:
Half/Full Day (Tick)	Half Day	Full Day

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 specialized support for a learning need in the past? If yes, please give details below:

PLEASE NOTE:

1. It is important to disclose your child's history.
2. Completion of this form does not guarantee that a place will be offered.
3. To qualify for entry into any level, a child should have attained the official entry age on or before 31st July of the year of admission.
4. At least two most recent school reports must accompany this application. In addition, a **passport size photograph** and a photocopy of the **child's birth certificate** must accompany the completed form.

Child's Allergies, if any: _____

Family Doctor: Name: _____ Landline: _____ Cell: _____

DECLARATION BY PARENT/LEGAL GUARDIAN:

1. I declare that the information furnished on this form is correct to the best of my knowledge.
2. I understand that the non-refundable Development Levy serves to confirm my acceptance of a school place. I further acknowledge that the Development Levy is distinct from the Term Fees and that it is **Non-Refundable**.

SIGNED: _____

DATE: _____

FATHER		MOTHER		LEGAL GUARDIAN	
--------	--	--------	--	----------------	--

