



Regent Hill Secondary School

(English Medium)

P O Box 80513 Gaborone

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inquiry@regenthillschool.com

www.regenthillschool.com

Application form for Admission (Secondary)

Student:			
Surname:		GENDER:	
First Names:			
Date of Birth: dd	mm	yy	Town/Village: Country:
Nationality:			
Number of children in family:			
Any siblings attending at Regent Hill School? (give names)			
Language spoken at home:			
Desired date of Entry To Regent Hill Sec School:		Form:	
Father			
Full Name of Father:			
Postal Address:			
Physical Address:			
Nationality:			
Occupation:			
Cell:	Landline:	E-mail:	
Mother			
Full Name of Mother:			
Postal Address:			
Physical Address:			
Nationality:			
Occupation:			

Cell:	Landline:	E-mail:
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Next of Kin	Name:	Number:
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Has the student ever been identified as having any specific learning needs?

If yes, please give details below:

PLEASE NOTE:

1. It is important to disclose the student's history.
2. Completion of this form does not guarantee that a place will be offered.
3. At least one most recent school report plus a copy of PSLE/JCE certificate must accompany this application. In addition, a **passport size photograph** and a photocopy of the student's **birth certificate** must accompany the completed form.

Student'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**.
3. That I have read and fully understood all the terms and conditions elaborated in the **school prospectus**
4. I understand that there is **P1000.00** for book levy which is paid annually and is **non-refundable**.
5. And that it is my contractual responsibility to pay school fees on time to ensure that my child is not sent out of class for non-payment of fees.

SIGNED: _____

DATE: _____

FATHER		MOTHER		LEGAL GUARDIAN	
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(Tick as appropriate)

