

APPLICATION FORM

LEGAE ENGLISH MEDIUM PRIMARY SCHOOL
P.O. Box 641
GABORONE
BOTSWANA
TEL: 3973610 CELL:721 233 66



STUDENT INFORMATION

SURNAME:.....FIRSTNAME:.....

MIDDLE NAME(S).....

SEX (M/F):.....DATE OF BIRTH:.....

BIRTHPLACE

TOWN:..... COUNTRY:.....

ADDRESS

POSTAL:.....

RESIDENTIAL:.....

ADMISSION

DATE OF ENTRY REQUIRED:..... STANDARD:.....

LAST SCHOOL

ATTENDED:.....

YEAR OF DEPARTURE:..... LAST CLASS:.....

NAME OF RELATIVE AT LEGAE:.....

DETAILS OF PARENT/GUARDIAN

SURNAME:..... FIRSTNAME:.....

RELATION TO STUDENT:.....

EMPLOYER:.....

POSITION HELD:.....

ADDRESS OF

EMPLOYER:.....

CONTACT NUMBERS: (H)..... (W).....

CELL.....

PLEASE READ TERMS AND CONDITIONS OVERLEAF AND SIGN IN THE SPACE PROVIDED

This application together with a **NON-REFUNDABLE Registration fee of P50, and a P500 Deposit**, to be submitted to the Bursar's office at Legae Primary School on the Gabane Road, Mogoditshane, on any weekday between 8:00am and 4:00pm ,except Friday when the office closes at 12:00noon.

Applications are not accepted by post.

All prospective students are to sit an entrance test. Placements are at the discretion of the Head teacher.

P 500 deposit paid will be refunded to unsuccessful applicants

Proof of date of birth and last school attended are needed.

The offices close annually from mid December to first week of January.
Phone (+267) 3973610 / 3975667 for further details.

CONDITIONS (PLEASE READ CAREFULLY)

I agree to abide by all school regulations and give one terms notice of withdrawal or pay one terms fee in lieu of notice. No child will be permitted in class unless fees are paid or arrangements have been made for payment. Penalty of P100 for late payment and penalty of P250 for all R/D cheques.

SIGNATURE OF PARENT OR GUARDIAN

DATE

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