



# WUKANI EDUCATION FACILITY

EZULWINI PRIVATE SCHOOL

P.O. BOX 184

MZIMBA

CELL:

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## STUDENT APPLICATION FOR ADMISSION

This application form must be completed in full before your child is considered for admission. The application form submission must be submitted together with nonrefundable entrance and registration fee. Complete the form in **BLOCK LETTERS** and attach your child's recent passport size photo.

## GENERAL LEARNER INFORMATION

- ✓ Child's full name: \_\_\_\_\_
- ✓ Full date of birth: \_\_\_\_\_ Full place of birth: \_\_\_\_\_
- ✓ District: \_\_\_\_\_ Current area of residence: \_\_\_\_\_
- ✓ Child's current class: \_\_\_\_\_ Previous school attended: \_\_\_\_\_
- ✓ Education Division: \_\_\_\_\_ District Education: \_\_\_\_\_
- ✓ Child's new class being applied for: \_\_\_\_\_
- ✓ Child's code number: \_\_\_\_\_
- ✓  Boarder  Day scholar
- ✓ Child's health related issues if any: (requiring urgent attention)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ✓ Indicate the type of food the child does not eat: \_\_\_\_\_
- ✓ Indicate the denomination of the child: \_\_\_\_\_
- ✓ Child's transfer letter:  attached  not attached
- ✓ Child's status:  Orphan  Not an Orphan
- ✓ Child's academic history

The child has previously attended the following school:

a. School name: \_\_\_\_\_

Classes: \_\_\_\_\_

Years: \_\_\_\_\_

Class repeated: \_\_\_\_\_

Class skipped: \_\_\_\_\_

b. School name: \_\_\_\_\_

Classes: \_\_\_\_\_

Years: \_\_\_\_\_

Class repeated: \_\_\_\_\_

Class skipped: \_\_\_\_\_

✓ Reason for repeating the class: \_\_\_\_\_

✓ Reason for skipping the class: \_\_\_\_\_

**BIOLOGICAL PARENT/GUARDIAN INFORMATION**

✓ Rev/Mr./Miss/Hon/Dr./Prof: \_\_\_\_\_

✓ Relationship to the applicant:

Biological parent    Foster parent /Guardian    Sponsor

✓ Biological parents/Foster/Guardian/ Sponsor: \_\_\_\_\_

Occupation: \_\_\_\_\_

Organization/Firm: \_\_\_\_\_

Position: \_\_\_\_\_

✓ District: \_\_\_\_\_

✓ Organization/Office/Home /Mobile phone numbers: \_\_\_\_\_

✓ Postal Address: \_\_\_\_\_

✓ Email: \_\_\_\_\_

✓ The child to use school:

Bus    Taxi    Bicycle/Motorcycle

Parent/Guardian Vehicle/Motorcycle/Bicycle

✓ Full name of the transporter: \_\_\_\_\_  
Contact numbers: \_\_\_\_\_  
Transporters **NRB ID** number: \_\_\_\_\_

✓ Indicate if the child has ever been suspended or expelled from any other school before   
Reason for the suspension or the expulsion: \_\_\_\_\_  
\_\_\_\_\_

✓ Child's special extra-curricular activity/interest/abilities/achievements/awards:  
\_\_\_\_\_

✓ Child's mental or physical handicaps:  Yes  No  
If yes, explain: \_\_\_\_\_

✓ Other siblings you have at Wukani Education Facility presently:  
a. Full name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_  
Class: \_\_\_\_\_

b. Full name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_  
Class: \_\_\_\_\_

✓ Reasons for registering your child at Wukani Education Facility:  
\_\_\_\_\_  
\_\_\_\_\_

**FEES PAYMENT COMMITMENT CLAUSE/DECLARATION**

I \_\_\_\_\_ commit/declare, that the child herein is under my care/sponsorship and that I am fully responsible for the payment of his or her school fees and other requirements such as; school uniform, sports attire, educational visits, medication, transport and special meals if required. I am fully aware that the school will take all other necessary measures to recover or secure the fees or other monetary requirements from me or my organization in case of any defaulted payment. I am also fully aware that I have to pay half down the total amount of school fees or pay in full upon my child’s admission into Wukani Education Facility or finish the other half at the end of the first month of the term. I also accept all penalties and punishments the school can administer on my child/ward or ask my child to do such, if found guilty of breaking school rules and regulations or theft or breakage of any school property.

Parents/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

School manager’s Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School stamp