



**SAINT MICHAEL VISION  
PRIVATE SCHOOL (ENGLISH MEDIUM  
(DEVELOPING A CHILD'S FUTURE)**

P O BOX 13539  
EENHANA

Email: SaintMichaelVisionSchool17@gmail.com

PAST PHOTO  
HERE

**APPLICATION FOR SCHOOL INTAKE (Grade Pre to Phase 2)**

Year of Enrolment:  Male:   
Grade:  Female:

**1. LEARNER'S PARTICULAR PROFILE**

Surname:				
Names:				
Common names:				
Date of birth:	yyyy	mm	dd	ID (if available)
Fluent language:				Other language
Contact number				
Religion:				
Current school:	Tel no:			
Current class teacher:	Tel no:			
Previous school attended (if any)				
School name:	Grade	Tel no:		
Grade repeated if any:				

**2. PARENTS PROFILE (GUARDIAN)**

<b>Father/ Guardian</b>	<b>Mother/ Guardian</b>
Mr/Mrs/Ms/Doctor/Prof:	Mr/Mrs/Ms/Doctor/Prof:
Surname:	Surname:
First Names:	First Names:
Common Names:	Common Names:
ID No:	ID No:
Tel: h/w:	Tel: h/w:
Cell:	Cell:
Postal Address:	Postal Address:
Residential Address:	Residential Address:
Profession:	Profession:
Place of employment:	Place of employment:
Email:	Email:

<b>PARTICULAR OF PERSON ACCOUNTABLE FOR EDUCATION FEES:</b>	
Name:	Surname
Postal Address:	

<b>MEDICAL CARE</b>	
Family doctor	Tel:
Physical nature of child (please Explain):	
Any allergies:	
Person to be conducted in case of illness	
Name:	Tel:
Another family/friend not from the same household	
Name:	Relationship
Address:	Tel No:

*Please turn over*

**CONFIDENTIAL PROFILE OR INFORMATION OF THE CHILD THE SCHOOL SHOULD KNOW OF**

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**Learners/pupil additional need**

Day learner <input type="checkbox"/>	hostel need <input type="checkbox"/>
Distance from home in KM. <input type="checkbox"/> short	<input type="checkbox"/> long

**MURAL ACTIVITIES**

Please indicate type of mural activities your child cannot partake.

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**ADDITIONAL SERVICES**

1. Would like to have your child do extra-classes after school until 17h00?	Yes	No
2. Visit site for educational purpose	Yes	No
<b>3. OTHERS MAY BE SPECIFIED AS TIME COMES BY</b>		

*Please turn over*

**DOCUMENT REQUIRED**

**Please attach on this form:**

- 1. Certificate/certified copy of birth certificate/passport of learner.
- 2. Proof of residential/work address of the person responsible for the account.
- 3. Copy of recent study permit in case
- 4. A copy of recent school e.g. pre-grade if any or current passed grade.
- 5. Recent photograph of the applicant (should be pasted above)

**ETHICAL INFORMATION**

- a) Filling this form mean applying, does not mean automatic admission and does not indicate order of specific priority.
- b) The school where applicable may conduct admission test when found necessary, which is mean to assess the level attained by the learner before coming to school.
- c) The collateral data will be obtained from previous in order to obtain and determine learner’s general behaviour and academic outlook.
- d) The learner and parent may be interviewed to determine specific issue of concern.
- e) In an event where a parent requires to remove the learner from school, a one-month notice be provided failure to do so, the parent will be reliable to payment of school fee for the month meant to be missed.
- f) School payments are in advance. If a parent failed to settle the payment in two consecutive months, the child will be sent home without any document/notice.

**DECLARATION BY PARENT/GUARDIAN**

I have read, understand and comply with content of this application form and all information supplied by ne is correct. I have omitted no relevant information and once again undertake to submit me and my child to the rule and regulations as set by the school managing director/management.

<b>FATHER/GUARDIAN</b>	<b>MOTHER/GUARDIAN</b>
Name:	
Signature:	
Date:	