



Nkhwazi Primary School

8 Ituna Road, P.O. Box 50950, Ridgeway, Lusaka - Zambia

Switchboard: +260 211 251353; & +260 971 015810

Fax: +260 211 251269

headofschool@nkhwazischool.org

www.nkhwazischool.org

APPLICATION FOR ENROLMENT

CHILD'S INFORMATION:

SURNAME: _____ FORENAMES: _____

DATE OF BIRTH: _____ SEX: _____

GRADE OF SCHOOLING APPLIED FOR: _____ NATIONALITY: _____

PREVIOUS SCHOOLING WITH DATES: _____

PARTICULARS OF ANY PHYSICAL HANDICAP OR SERIOUS ILLNESS: _____

FAMILY INFORMATION:

FATHER OR GUARDIAN

SURNAME: _____ FORENAMES: _____

OCCUPATION: _____ EMPLOYER: _____

BOX NUMBER: _____ NRC/PASSPORT NO.: _____

TEL NO.(WORK): _____ NATIONALITY: _____

MOBILE NO.: _____ E-MAIL: _____

RESIDENTIAL ADDRESS: _____

STATUS: EMPLOYMENT PERMIT / RESIDENT PERMIT / ENTRY PERMIT / DIPLOMATIC / CITIZEN

MOTHER

SURNAME: _____ FORENAMES: _____

OCCUPATION: _____ EMPLOYER: _____

BOX NUMBER: _____ NRC/PASSPORT NO.: _____

TEL NO.(WORK): _____ NATIONALITY: _____

MOBILE NO.: _____ E-MAIL: _____

RESIDENTIAL ADDRESS: _____



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ADDITIONAL INFORMATION:

FEES WILL BE PAID BY PARENT / EMPLOYER / OTHER: _____

NAMES OF SIBLINGS AT NKHWAZI PRIMARY SCHOOL: 1. _____

2. _____

3. _____

4. _____

NAMES OF SIBLINGS ON THE WAITING LIST: 1. _____

2. _____

3. _____

IF OUR CHILD IS ENROLLED AS A PUPIL AT NKHWAZI PRIMARY SCHOOL, I AGREE:

- A) TO ACCEPT FULL RESPONSIBILITY FOR THE PAYMENT OF THE PRESCRIBED DEPOSITS AND FEES.
- B) TO ENSURE THAT THE PUPIL WILL OBSERVE AND BE SUBJECT TO THE RULES AND DISCIPLINES OF THE SCHOOL.
- C) THAT SHOULD ANY DETAILS OF THE ABOVE APPLICATION BE FOUND TO BE FALSE, THE CHILD WILL IMMEDIATELY FORFEIT HIS / HER PLACE AT THE SCHOOL.

NAME OF PARENT: _____ SIGNATURE: _____ DATE: _____

HEAD OF SCHOOL'S COMMENTS: _____

NAME: _____ SIGNATURE: _____ DATE: _____