

Regent Hill International Pre-School

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web: www.rhis.ac.bw

Application for Admission (Pre-School)

	•	•	,	
Child				
Surname:			Gender:	
First Names:				
Date of Birth: dd	mm yy	Town/Village:	Country:	
Citizenship:				
Number of children in	family:	Positio	on in family:	
Any siblings attending	Regent Hill? (give	names)		
Language spoken at ho	me:			
Desired date of Entry	To Regent Hill:	Class	Reception	
			Kindergarten 1 & 2	
Father				
Full Name of Father:				
Postal Address:				
Physical Address:				
Citizenship:				
Occupation & Place of	Work:			
Cell:	Landline:	Е	-mail:	
Mother				
Full Name of Mother:				
Postal Address:				
Physical Address:				
Citizenship:				
Occupation & Place of Work:				
Cell:	Landline:	Е	-mail:	
<u></u>				

Next of kin	Name:		Number:	
Kindergarten : 2 TO Reception : $4^{1}/_{2}$				
•	er been identified as difficulty)? If yes, pl	• ' '	earning needs (is gifted or has	a
Has your child re	• •	I support for a learni	ng need in the past? If yes,	_

PLEASE NOTE:

- 1. It is important to disclose your child's history.
- 2. Completion of this form does not guarantee that a place will be offered.
- 3. To qualify for entry into any level, a child should have attained the official entry age.
- 4. In addition, a passport size photograph and a photocopy of the child's birth certificate, and parents ID,s must accompany the completed form.

Child'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**.
- That I have read and fully understood all the terms and conditions elaborated in the school prospectus
- 4. I understand that fees must be paid in advance or in 2 installments only, and that it is my contractual responsibility to pay fee on time to ensure that my child is not sent out of class for nonpayment of fees

SIGNED:		DATE:	
FATHER	MOTHER	LEGAL GUARDIAN	