

APPLICATION FOR ENROLMENT

PHOTO



HILLVIEW

International High School

PARTICULARS OF APPLICANT

Surname:..... First Name (s):.....

Date of Birth

DD	MM	YYYY

 Gender..... Religion.....

Nationality..... Home Language.....

Previous Schooling.....

Details of brothers and sisters attending Hillview/ Other School.....

*Proof of date of birth must accompany this application Administration Fee: K20,000
(Non Hillview only – Non Refundable)*

PARTICULARS OF PARENT OR GUARDIAN

Surname..... First name.....

Occupation..... Employer.....

Address: P.O. Box..... Residential area.....

Telephone: Home..... Business.....

Cellular: Father..... Mother.....

Email: Father..... Mother.....

Residential Status: P.R B.R.P I.E.P C.D

CONFIDENTIAL MEDICAL INFORMATION

Please state if the applicant has any medical condition or history that that the school should know of e.g. asthma, allergies etc...

Name of family doctor.....

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DECLARATION BY PARENT OR GUARDIAN

I (full name) apply for the child named overleaf to be enrolled at Hillview International School and I agree to the following:

- a) S/he shall observe and be subject to the regulations and discipline of the school.
- b) S/he will attend all sessions required by the school during the school terms including Saturdays, extra sporting and cultural events. S/he will arrive and be collected punctually at all times.
- c) S/he will wear the school uniform in a clean and tidy manner and keep his/her hair trimmed and tidy at all times.
- d) I accept full responsibility for payment in advance of all fees due in respect of my child's attendance at school and I understand that failure to do so may result in my child being excluded from school until such fees are paid in full.
- e) I will keep the school informed of any changes of my address and contact details, either residential or business, this being essential in cases of emergency.
- f) I will notify the school, in writing, one term in advance, should I intend to withdraw the child for any reason whatsoever.
- g) I will notify the school with all details should my child ever be left in the care of another person while the parents are both absent from home.
- h) I will attend parent interviews when specifically requested.
- i) In the event of accident or serious illness of the child, and should I be unable to be contacted, I authorise the Headteacher to seek medical treatment for my child, at his complete discretion, and I agree to pay all medical bills in this respect.
- j) I agree to notify the school, at the time, of any illness, medical condition (whether under treatment or not) or any other circumstance (such as bereavement) which might affect the physical or mental performance of my child.
- k) I agree that any medication brought into school to be taken by my child during the day, will be handed to the class teacher clearly stating the child's name and the frequency and dosage of the medication.
- l) I recognise that the school cannot accept liability for loss or damage to the possessions of my child while s/he is at school or on school trips of any nature.
- m) I agree to reimburse the school for any loss or damages to school books and equipment while in my child's care.
- n) I agree to accept any changes and additions to these regulations which may occur.

Signature..... Date.....

FOR OFFICE USE

Date of receipt of application.....	Date of birth verified.....
Admin fee receipt number.....	Entry class.....in.....
Date of entry and class.....	Date of leaving.....