



Machabeng College

International School of Lesotho,

PO Box 1570, Maseru 100, Lesotho.

Tel: (266) 22313224 Fax: (266) 22316109

E-mail: info@machcoll.co.ls

APPLICATION FOR ENROLMENT : 2021 -2022

(Please fill in all of the white boxes, attach documents and return to The Deputy Head)

A) STUDENT'S DETAILS

Surname:	First Name:	Other Names:
Date of Birth: dd.....mm.....yy.....	Gender:	
Language spoken at home:	Other languages spoken:	Nationality:
Previous schools and dates attended: →	Dates:	School:

B) ATTACHMENTS

Please ensure that the following are attached to this application: →	<ol style="list-style-type: none"> Completed Student Personal Details form Completed Student Medical Record Copy of Birth Certificate Copy of Passport School Report All Educational Certificates Reference letter from previous school
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C) TUITION FEES

Does an employer of either parent pay for tuition fees?	If YES, please give details:
YES NO	

D) Does your child have any Special Needs?

If Yes, please give details below	If yes please write a cross in the appropriate box (x)
	My child's Special Needs are
	1. Severe ()
	2. Mild ()
	3. Hardly noticeable ()

E) CONDITIONS OF ENTRY:

The Parents/Legal Guardians will ensure that the child:

- Attends punctually whenever required to do so and is in the correct school uniform.
- Observes and is subject to the rules, regulations and discipline of the College.
- Has his/her own passport.

THE PARENT/LEGAL GUARDIAN ACCEPTS FULL RESPONSIBILITY FOR THE PAYMENT OF ALL FEES AND CHARGES DUE IN RESPECT OF THE CHILD'S ATTENDANCE AT THE COLLEGE AND UNDERTAKES TO PAY SUCH FEES AND CHARGES BEFORE THE START OF EACH TERM.

I understand that in the case of illness or injury necessitating treatment by a doctor or surgeon the College will attempt to contact me. In the event that such contact is not possible, I authorise the College to act on my behalf at its discretion and I agree to pay all medical fees and expenses incurred by the College in respect of the child.

I understand that the College may take the child on educational and sporting trips using such transport as may be deemed suitable by the Collage authorities.

I understand that I must advise the College of any circumstances and past or existing illnesses which makes it undesirable for the child to participate in the full range of activities.

We have read and accept the conditions of entry set out above.	
Father/Guardian's Signature:	Mother/Guardian's Signature:
Date:	Date:

I understand that my child will not be allowed off the school premises during the school day without a signed letter from myself.



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STUDENT PERSONAL DETAILS

(Please fill in all of the white boxes)

A) STUDENT'S DETAILS

Surname:	First Name:	Other Names:			
Date of Birth: dd.....mm.....yy.....	Age on Admission:	Gender:	Nationality:		
Date of Admission to Machabeng: dd.....mm.....yy.....	Class on First Admission to Machabeng (Please Tick): <input type="checkbox"/>	S1	S2	S3	S4

B) FATHER'S DETAILS

Father's Title and Name:		Nationality:		
Father's Occupation:		Father's Employer:		
Please tick the appropriate boxes: <input type="checkbox"/>	Natural Parent	Step Parent	Guardian	Friend of Family

C) MOTHER'S DETAILS

Mother's Title and Name:		Nationality:		
Mother's Occupation:		Mother's Employer:		
Please tick the appropriate boxes: <input type="checkbox"/>	Natural Parent	Step Parent	Guardian	Friend of Family

D) BROTHERS AND SISTERS (Oldest First)

Name:	Current School:	Gender:	Current Age:
Name:	Current School:	Gender:	Current Age:
Name:	Current School:	Gender:	Current Age:
Name:	Current School:	Gender:	Current Age:

E) CONTACT DETAILS

Postal Address:	Physical Address:
Home Tel:	e-mail
Father - Work Tel:	Father - Cell:
Mother - Work Tel:	Mother - Cell:
Other Tel:	Fax:

Student Name:
Year Group:

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STUDENT MEDICAL RECORD FOR 2021-2022

This Form has two purposes:

- 4. to provide us with all the necessary information to adequately care for your child;
- 5. to enable us to have the permission we need to treat your child in case of accident or illness.

A) PHYSICIAN'S DETAILS

Name:	Tel:
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B) CONSENT TO TREATMENT

I hereby request my child to be given medical care as indicated below: **(Please tick your choice)**

Emergency medical care	Yes	No
Temporary medication including paracetamol for illness	Yes	No
Prescribed medication in accordance with Physician's note	Yes	No
Date:	Signature (Parent/Guardian)	

C) HEALTH AND VACCINATION HISTORY

Disease or Condition	Year when sick	Year last tested/ vaccinated	Disease or Condition	Year when sick	Year last tested/ vaccinated
Chicken Pox			*Polio		
Whooping Cough			*Diabetes		
German Measles (Rubella)			*Epilepsy		
7-Day Measles (Rubeola)			*Heart Trouble		
Mumps			*Fainting		
Rheumatic Fever			*Asthma		
Tuberculosis			*Hearing Difficulties		
Frequent Ear Infection			*Vision Difficulties		
Tonsillitis			*Speech Difficulties		
Smallpox			*Allergies:		
Diphtheria			*Other:		
Typhoid			*Other:		
Tetanus			*Other:		

* Please give details below of any condition indicated by an asterisk (*) above:

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If your child is currently under medical care or is routinely taking medication, please give details:

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D) CONTACTS IN CASE OF EMERGENCY

	Work	Home	Cell
Name:	Tel:		
Name:	Tel:		
Name:	Tel:		
Date:	Signature (Parent/Guardian)		