



Form AS

Student Application Form – Full Time (Secondary)

Student Academic Details			
First Name*		Last Name*	Previous School (If Applicable)
Student Personal Information			
Date of Birth* (YYYY/MM/DD)		Birth Certificate Number*	Nationality*
Gender*	Plot number	Ward*	City/ town*
Cell No. (for updates and announcements)*		Email address (for updates and announcements)*	
Primary Guardian Details			
Title*	First Name*	Last Name*	Occupation*
Email address (for updates)*		Contact Number (for updates)*	Contact Number 2 (If any)
Plot number	Ward*	City/ town*	Relationship to Student*
Second Guardian Details			
Full Names*		Contact Number*	Relationship to Student*
Other Information			
How did you hear about us?			
Sign Board	Referral by friend	Facebook	Other (Please specify): _____
Student Enrollment			
<p>Lower Secondary (Form 1-3) Specify Grade: Form _____ English, Mathematics, Integrated Science, Business Economics, Commerce & Accounting, Travel & Tourism, ICT, Geography/French, Statistics</p> <p>Upper Secondary (Form 4-5) Specify Grade: Form _____</p> <p>Selection English: _____ Mathematics: _____</p> <p style="text-align: right;">If you are doing any other subjects that are not on the list, type them here</p> <p>Option 1: _____ Option 2: _____ Option 3: _____</p>			

Terms and Conditions

Fees and Payments

Application is **P250**. The purpose of this fee is to arrange for the stationery and printing the assessment. School fees are **prepaid**. Thus, you pay before the student begins lessons. Payments for the next month are due **on or before the 1st** of every month for students on contract. An additional fee of 3% shall be added for late payment. Fees are not refundable if the student or guardian is responsible for the student's failure to attend classes.

The school reserves the right to terminate services if fees are not paid in time. If a student miss classes because of lack of payment, the school is **not** responsible for the lessons missed.

Lessons and Hours

Our operating hours are Mondays to Fridays 0730hrs to 1800hrs. The gates of the school open at 0630hrs. Students will be expected to be in school not later than 0720hrs.

Stationery

The Academy shall not provide any stationery except relevant revision materials, examination papers and teaching textbooks. Students won't be allowed to take textbooks home. Parents/guardians are encouraged to buy prescribed textbooks for the students. It is the responsibility of the parent/ guardian to buy exercise books, pens, pencils and all necessities for the student.

PLEASE NOTE:

1. It crucial to share your child's academic history.
2. Submitting this form does not guarantee that a spot will be offered.
3. This application must be accompanied by at least two of the child's recent school reports and transfer letter. Along with the completed medical form (**Form A1**), a copy of your OMANG/ Passport and resident's permit (international students) and a copy of the child's birth certificate are required.
4. Parents should come to school when required to discuss their children's progress.
5. Parents will support the school in any case of disciplinary action against their child.
6. A copy of a Release/Transfer from the previous school must accompany this application.

DECLARATION BY PARENT/LEGAL GUARDIAN:

1. I certify that, to the best of my knowledge, all information I have provided in this form is accurate.
2. I understand that fees must be paid in advance or in 3 installments only, and that it is my contractual responsibility to pay fees on time to ensure that my child is not sent out of class for nonpayment of fees.

Cancellation Policy

A notice to withdraw must be given at least 30 days before, or there will be a penalty of up to 50% of the monthly fees. This allows us the necessary time to fill your spot and determine staffing requirements. Please also note the application fee is **non-refundable**.

Signature

By signing below, I hereby certify that I have read, understood and agree with the above terms and conditions.

Full Names:	Signed (Parent/Guardian):	Date: Y Y Y Y / M M / D D
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FOR OFFICIAL USE ONLY

Received by:	Signature:	Date: Y Y Y Y / M M / D D
Term fees:	Monthly fees:	

**Form A1****Emergency and Medical Form – Full Time**

Student Information		
First Name	Surname	
Family Medical Information		
Physician Details (If you have a family Doctor)		Not Applicable <input type="checkbox"/>
Physician Name	Contact Numbers	Physical Address
Emergency Dismissal and Pick Up Contacts		
Please provide at least one (you may provide more) Emergency Contact/s when Guardians might not be available during the day. List someone who agrees to care for your child if he/she becomes ill and you cannot be reached. Please use someone local. In addition, please add contacts of the person responsible for dropping and picking up the child to and from school.		
Please check the box if you are NOT providing additional dismissal information: My child may only be released to me - no dismissal contacts are provided		
Full Names	Relationship to Student	Cell No.
Full Names	Relationship to Student	Cell No.
Driver's Full Names	Plate Number	Cell No.
Allergies and Medical Conditions		
Allergies		
Is your child allergic to any medication, food, etc? What is the severity of their allergy? What should be done in case of a reaction? (You may attach a Medical Report)		
List the Medication(s), if any, your student takes for allergic reaction or any other condition.		
Medication name:	Dosage:	Time of the day:
_____	_____	_____
_____	_____	_____
_____	_____	_____



Medical Conditions

Does your child suffer from any pre-existing medical conditions (seizures, diabetes, mental health issue, etc.)? What warning signs should we be aware of, and what should be done in case of an emergency?

Learning Needs

Has your child ever been identified as having any specific learning needs (is gifted or has a specific learning difficulty)? If yes, please give details below:

Emergency Medical Treatment Consent

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency centre for emergency medical treatment. I will be contacted as soon as possible; at the contact numbers I have provided on this form and will be advised prior to any further treatment by the hospital or medical personnel.

I understand it is my responsibility to provide Emerald Academy with current health care information and emergency contact information.

Please choose:

I Agree to Emergency Medical Treatment for my child/children.

I DO NOT Agree to Emergency Medical Treatment for my child/children.

Media Release

There may be occasions when images or words of your child will be used on the school website and/or outside publications (i.e., brochures, flyers, advertisements, social media, etc.)

Media Release Consent:

Yes, you may use an image or words of my child on the school website and/or outside publications.

No, I do not wish for my child's image or words to be used on the school website and/or outside publications.

Signature

By signing below, I hereby certify that I have read, understood and agree with the above terms and conditions. I'm also responsible for any false information or failure to provide relevant information.

Full Names:

Signed (Parent/Guardian):

Date: (YYYY / MM / DD)

FOR OFFICIAL USE ONLY

Received by:

Signature:

Date: (YYYY / MM / DD)



(267) 72 900 078
(267) 393 0221



info@emeraldacademy.co.bw
www.emeraldacademy.co.bw



Plot 19755, Phase 2,
Gaborone, Botswana