TEL. (00268) 23638253 TEL. (00268) 23636268 FAX. (00268) 23636448

e-mail:

administration@sisekelo.ac.sz

School Website: www.sisekelo.ac.sz

**UBOMBO SCHOOLS TRUST** 



SISEKELO HIGH SCHOOL P O BOX 79 **BIG BEND SWAZILAND** L311

Please return this form to Sisekelo High School together with a NON-REFUNDABLE administrative fee of E100, your child's birth certificate, his/her most recent school report and the most recent statement of accounts from your child's current school.

## APPLICATION FOR ADMISSION

## 1. PERSONAL DETAILS OF CHILD

Pupil's Surname:	
First Name(s):	
Male/Female:	Date of Birth:
Pupil`s PIN/I.D no:	Nationality:
Home Language:	Present Grade:
Present School:	Application for admission in Grade:
Proposed year of entry:	
Day Scholar/Boarder [Weekly/Full]	
Names of brothers/sisters already at Sisekelo:	
2. PARENT/GUARDIAN (Please state clearly i	f surname is different from pupil)
Marital status: Married/ Divorced / Widowed / S	single / Remarried (Please delete whichever is
NOT applicable)	
Father: Surname: First	Name:
Occupation: Nam	ne of Employer:
Work Telephone No: Con	npany No:
Home Telephone No: Cell	Phone No:
Mother: Surname: Firs	t Name:
Occupation: Nar	ne of Employer:
Work Telephone No: Con	npany No:
Home Telephone No: Cell	Phone No:
Home Street Address:	
Postal Address:	
Posta	al Code:
E-Mail Address:	FAX No

3. (	<b>OTHER</b>	<b>PARTICUL</b>	ARS OF		٠:
------	--------------	-----------------	--------	--	----

1.	DETAILS OF ALLERGIES (e.g. Penicillin, Aspirin, Hay Fever, Bee Stings):
2.	DETAILS OF ANY INJURY OR ILLNESS WHICH SHOULD BE BROUGHT TO OUR
	ATTENTION (e.g. Polio, TB, Asthma, Heart Disease, Diabetes, Operation)
3.	DETAILS OF PHYSICAL DISABILITIES (e.g. poor hearing, eyesight or speech)

### 4. <u>APPLICATION PROCEDURE</u>:

- 1. If your application for admission has been successful, you will be notified of the date and venue where entrance examinations will be written.
- 2. A non-refundable administrative fee of E100 must be paid before writing this evaluation.
- 3. You will be notified whether your evaluation has been successful or not.
- 4. If your evaluation is successful, then an individual interview with yourself (the student applicant) and your parent/guardian will be conducted by the Head of School. Your invitation to this interview will be communicated to you.
- 5. If your interview is successful, you will be offered a place at Sisekelo High School, in writing, on condition that:
  - 5.1 the required contract is signed
  - 5.2 a non-refundable securing fee of E2000 (private/tuition / boarding) is paid (deductable from Term 3 Grade 12 ONLY)
- 6. If all the above steps have been successfully completed, you will be issued a formal letter of acceptance and a student number.

#### 5. HOW DID YOU HEAR ABOUT THE SCHOOL? [Tick where applicable]

1.	Marketing Presentations at: Mbabane – Manzini – Simunye	[Tick	k the ap	pliq	cable]
2.	Marketing Presentations at other places:		[specif	fy w	here]
3.	Through Newspaper Adverts				
4.	The School Website				
5.	A Friend or Relative				
6	Other Medium:		_		

#### THANK YOU FOR YOUR INTEREST IN SISEKELO HIGH SCHOOL.

# **DECLARATION BY PARENTS**

	I/We (Full name of the Father/Guardian)				
<b>;</b>	and (Full nam	e of Mother/Custodian)			
		d agree that if (Name of Pupil)a pupil of Sisekelo High School			
	(a) (b)	she/he will be requested to conform with the rules and regulations of the school; the Head teacher or Deputy Head teacher in maintaining the discipline of the School, has the right to refuse to allow her/him to return to the School, or to dema her/his immediate withdrawal from the School, or to suspend her/his attendance at the School for the period and/or to request a blood test from a doctor of the school choice. In such circumstances, I/we acknowledge that the full fees for the quarter shall nevertheless be payable to the School;	t I's		
	(c)	she/he will be subject to any specific requirements as contained in the letter of acceptance.			
Paymen	nt of School F	ees:			
	(d)	all fees and charges will be paid in advance, or in certain situations, in accordance with specific terms laid down by the School;	)		
	(e)	in the event of the payment of fees and charges falling into arrears, Sisekelo reserves the right to discontinue any account, summarily cancel any agreement relating to credit terms, and refuse to allow the child to continue as a pupil at the School. In the event of any of these rights being exercised, any amounts owing shall immediately become due and payable on demand;			
	(f)	Sisekelo reserves the right to levy fees in lieu of notice;			
	(g)	Sisekelo reserves the right to withhold examination results/ reports and testimonia if fees fall into arrears;	ls		
	(h)	before removing our child from the School, or in the event of her/his wishing to discontinue an extra subject, a full quarter's written notice will be given to the Heateacher, failing which a quarter's fees will be payable in lieu of notice	d		
	(i)	I/we undertake, for the duration of my child's education at Sisekelo to bind myself/ourselves jointly and to be responsible for the due payment of all amounts levied by the School and that should it be necessary for the School to consult any attorney or to institute legal action against me/us, as a result of any breach of this agreement. I/we accept liability for all legal costs incurred, including collection commission charges, instruction fee and interest on a scale as between Attorney and Client;			
	(j)	I/we undertake to pay interest at a rate linked to the prime rate on accounts which			
	(k)	have fallen into arrears; I/we choose the following as our physical address for all matters relating hereto:			
		Address:			
		Dated this day of20			
		Signature of the Father/Guardian:			

Signature of the Mother/ Custodian: .....