LARN PRE-SCHOOL

Ncoboza Street, Lutindzi Road
P.O. Box 355, Eveni, Mbabane, Eswatini
Telephone: (+268) 24041800
e-mail:admin@larnpreschool.com
web site: www.larnpreschool.com

2019 LARN PRE-SCHOOL APPLICATION FORM

- The child and the parent/guardian is/are required to complete the application form and submit it to The School, together with the admission documentation detailed in the checklist to follow.
- In order to facilitate the efficient processing of applications, applicants may email a scanned copy of the application form and admission documentation to admin@larnpreschool.com ; however, the original copy of the application form must be submitted upon acceptance (before orientation).
- Please print clearly.
- Please do not leave any of the fields blank. If there are any fields that do not apply to you, please enter 'n/a'.
- Please ensure that the bottom right hand side of each page is initialled by the applicant and the applicant's parent/guardian .

Name of Applicant:	

How did you find out about Larn Pre-School

Admission Documentation Checklist	(✓) or n/a	Office Use
1. Application form signed by parent/guardian		
2. Copy of the Child's Birth Certificate		
3. Copy of the ID document of the person responsible for payment		
4. Confirmation of payment of the deposit		
5. Immunization Card		
6. One colour ID photograph		

Initials of Applicant & Parent/Guardian

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School Information

Operating Hours:

- Office Hours 8:00 am to 3:00pm
- School Hours 8:00 am to 12:45pm

Activities:

- Swimming
- Gymnastics
- Cooking
- Arts and Crafts

NB: Compulsory activities Grade 0

School Fees:

- Admin Fees: 1000 (Non- refundable)
- School Fees: E5,500/Term for Higher Age group with activities included
- Younger Age group – E4,600/Term

Transportation:

- Parent's Choice

Banking Details:

• Bank:	Nedbank Bank
• Branch:	Mbabane
• Branch Code:	360164
• Swift Code	NESWSZMX
• Name of Account:	Larn Pre-School
• Account Number:	020000207935
• Reference:	Name of Child
• Payment Confirmation:	Payment confirmation must be emailed to accounts@larnpreschool.com

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Photo

3. Child's Details

First Names:						
Surname:						
Date of Birth :		Age:		Gender:(✓)	Male	Female
ID Number : (PIN)						
Nationality:				Passport Number:		
Home Language:				Other Language(s):		
Residential Address:						
Postal Address:						

3.1 Parent/Guardian Details

Surname:		First Name:	
ID Number:			
Relationship to Child :		Tel (Home):	
Cell:		Tel (Work):	
Email (Personal):		Email (Work):	
Residential Address:			
Postal Address:			
Occupation:		Employer:	
Employer's Address:			
		Employer's Email:	

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4. 2019 Fees: *(please consult the administrator for further details on payment options)*

4.1 Details of Person Responsible for Payment

Person responsible for payment of course fees: (✓)	Parent		

If other, please supply the following details and attach a copy of ID document:

Surname:		First Name:	
ID Number:			
Relationship to Pupil:		Home Tel:	
Cell Phone Number:		Work Tel:	
Email Address:			
Residential Address:			
Postal Address:			
Occupation:			
Name of Employer:			
Employers Address:			
Employers Telephone:		Email (w):	

4.2 Deposit

Deposit Payable via EFT/CASH:	E 1000.00

4.3 Tuition Fees

Select 1 of the following payment options: (✓)	Annual Payment	Quarterly Payments	
Select 1 of the following payment methods: (✓)	Cash	Direct Deposit	EFT

I take full responsibility for the term that, my child is attending school at LARN Pre-School. This includes whether or not your child is attending classes or has been removed from the school. Parents are liable to pay the full term fees.

I understand the content of this agreement and signing as,

Signature Mother :		Name :	
Signature Father :		Name :	
Date :			

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5. Medical Information

Emergency Contact Person:			
Telephone Number:		Cell Phone Number:	
Family Doctor:		Telephone Number:	
Medical Aid Company:		Membership No:	

Does the applicant/student have any allergies? If yes (✓), give details.	Yes	No
Does/has the applicant/student suffer/suffered from any illness or disability? If yes (✓), give details.	Yes	No
Is the applicant/student receiving any medical treatment or chronic medication for any condition? If yes (✓), give details.	Yes	No
Please specify any other relevant information pertaining to the applicant's/student's health and well-being.		

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6. Indemnity Form

This form must be completed by the applicant's parent/guardian.

I, _____, acknowledge that Larn Pre-School cannot accept any liability for mishap, loss or injury which may be suffered during attendance at The School, or during participation in any pre arranged excursions, or extra-curricular activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of each student and that I shall be held responsible for the payment of medical and/or hospital accounts where applicable, should any injury or loss be sustained by myself/my child. I specifically indemnify and hold The School and its staff blameless against any claims of any nature arising out of any injury, damage or loss that will occur in the School premises.

In the event that i cannot be reached personally I here by indemnify Larn Pre-School respect of all occurrences relating to the above.

_____ Signature of Applicant/Parent/Guardian	
Print Name:	
Date (dd/mm/yy):	

Initials of Applicant & Parent/Guardian