

Acacia
International School



Acacia International School
P.O. Box 370, Lilongwe
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A.I.S APPLICATION FORM

In order to complete your application, you will need to submit the following with the completed application form. These can be digital or hard copy.

- ✓ 2 recent passport-sized photographs of the applicant
- ✓ Copy of my child's current passport, biometric page OR Copy of my child's birth certificate.
- ✓ Copy of parent's/guardian's Malawi Immigration status stamped in current passport.
- ✓ A copy of the latest school report from previous school.

All pupils will need to complete an assessment. The application fee of MK 70,000 must be paid before the assessment takes place.

Please Print ALL information on this form in Block Capitals.

Please CIRCLE Class applying for at the start of the Academic Year.

PRIMARY

Class: Year 1 / Year 2 / Year 3 / Year 4 / Year 5 / Year 6

Age: (5-6) (6-7) (7-8) (8-9) (9-10) (10-11)

SECONDARY

Class: Year 7 / Year 8 / Year 9

Age: (11-12) (12-13) (13-14)

Requested Start Date Month _____ Year _____

Last School attended _____ Last Class attended _____

Fees paid by: Self / Malawi Company / Other _____ (Please specify)

Student Details

Family name/surname of child _____

First names of child _____

Child's preferred name _____

Child's Nationality _____ **Home language/s** _____

Child's date of birth ____ / ____ / ____ **Male / Female** (Please circle)
 Day / Month / Year

Siblings at AIS (Please state name & class) _____

Child's Legal Guardian (Please circle) Mother/ Father / Step Mother/ Step Father/ Other

Child Lives with (Please circle) Mother/ Father / Step Mother/ Step Father/ Other

Residential Address: Area _____ Plot Number _____

You will be asked to send a 'Confidential Student Evaluation' Form to the previous school as part of the application process. Should we need to, do you give us permission to contact the previous school?

Yes No If No, please state your reasons below:

Previous School Email address _____

Previous School Phone number _____

Parent 1

Title - (Please circle) Dr/Mr/ Mrs/ Ms/ Miss / Other _____

Full name: _____

Relationship to student:

Mother/ Father/ Step Mother/ Step Father/ Guardian/ Other _____

Occupation _____ **Employer** _____

Immigration Status: Citizen / PRP/ BRP/ TEP/ Diplomat/ Other _____

Do you pay any Malawi Income Tax from your salary? Yes / No

Phone Number _____

Email (please print) _____

Parent 2

Title - (Please circle) Dr/Mr/ Mrs/ Ms/ Miss / Other _____

Full name: _____

Relationship to student:

Mother/ Father/ Step Mother/ Step Father/ Guardian/ Other _____

Occupation _____ **Employer** _____

Immigration Status: Citizen / PRP/ BRP/ TEP/ Diplomat/ Other _____

Do you pay any Malawi Income Tax from your salary? Yes / No

Phone Number _____

Email (please print) _____

If applicable-
Legal Guardian / Other

Title - (Please circle) Dr/Mr/ Mrs/ Ms/ Miss / Other _____

Full name: _____

Relationship to student:

Mother/ Father/ Step Mother/ Step Father/ Guardian/ Other _____

Occupation _____ **Employer** _____

Immigration Status: Citizen / PRP/ BRP/ TEP/ Diplomat/ Other _____

Do you pay any Malawi Income Tax from your salary? Yes / No

Phone Number _____

Email (please print) _____

Additional Emergency phone numbers:

Name _____ Phone _____ Relationship to pupil _____

Name _____ Phone _____ Relationship to pupil _____

CONFIDENTIAL MEDICAL DETAILS

Please note that the details you provide will be kept confidential and only accessed by authorised A.I.S staff.

1. Does your child have any disabilities? **YES / NO** - If YES, please give specific details-

2. Does your child have any medical conditions? (e.g. Allergies, Epilepsy, Asthma, hearing difficulties, etc)

YES/NO -If YES, please give details including any emergency instructions-

3. Has your child had any recent serious injuries / operations/ accidents **YES/NO** - If YES, please give specific details-

4. Does your child need to take any medication while at school (eg. Asthma pump/ antihistamine syrup, etc) **YES/NO** -If YES, please give details including any specific instructions-

Medication Name: _____

Dosage Instructions: _____

5. Is your child allergic to plasters **YES/NO** or paracetamol **YES/NO**

6. Does your child require glasses **YES/NO** - If YES, please give details of when the glasses are to be worn

7. Does your child have any special educational needs that you are aware of? **YES/NO** - If YES, please give specific details.

8. Do you give the Head teacher or her representative permission to administer a paracetamol tablet/liquid, antiseptic cream (eg savlon or similar), antihistamine cream, eg anthisan, elyamine or equivalent (for stings or bites) or a “plaster” to your child should she/he need it? **(YES/NO)**

In the event of a medical emergency, we will attempt to contact you immediately and will administer emergency first aid. Should it be deemed necessary, we will take further action, such as calling an ambulance or taking your child to the nearest hospital. Please note that any charges incurred will be the responsibility of the Parent/ Guardian.

9. Emergency instructions (if different from above).

10. Please provide details of your chosen doctor and medical scheme (if applicable).

Doctor Name _____

Clinic Name _____

Phone Number _____

Medical Scheme Name _____

Medical Scheme Number _____

Signature:

Please sign and date below stating that the information you have provided in this application is accurate and up to date. Should any change in circumstance happen you agree to provide us with the 'Updated Medical Form / Contact Details' which can be found in the Parent Handbook.

By signing, you also agree to give the school and the A.I.S First Aid Responders permission to administer First Aid to your child.

Signature of Parent/ Guardian 1

____ / ____ / 20 ____
Date: Day / Month / Year

Signature of Parent/ Guardian 2

____ / ____ / 20 ____
Date: Day / Month / Year

AGREEMENT BY PARENT / GUARDIAN

I/We the parent (s) or guardian (s) of _____ (Full name of Child)

I/We AGREE:

- i) that my child will attend all functions required by Acacia International School during school terms, including weekends if required, extra sports activities and other school events.
- ii) to ensure my child arrives punctually and is collected promptly at all times.
- iii) my child will, at all times, wear the correct school uniform in a clean and tidy manner.
- iv) to inform the school by telephone or in writing if my child is unable to attend school either through illness or for any other reason and shall notify the school, in writing, as to the reason for my child's absence, on the child's return to school.
- v) to inform the school in writing, of any changes in address, email address or telephone numbers or any other relevant details. This is essential in case of emergencies and I take full responsibility to inform the school of any changes herein.
- vi) to notify the school in writing if my child is left in the care of another person, while the parents are absent from home, or for any other reason.
- vii) in the interests of safety, to notify the school in writing and in advance, if someone else is collecting my child from school.
- viii) to inform the school in writing, 2 calendar months in advance of my intention to withdraw my child, for any reason, from Acacia International School.
- ix) I accept responsibility for my child's possessions whilst he/she is at school, on a school trip or at a school function, and I will not hold the school responsible for any loss or damage thereof.
- x) whilst I accept that every effort is made to ensure the safety and well being of my child, I accept that accidents and illnesses may occur, and I will not hold the school responsible for any accident, illness or unforeseen event which may occur to my child whilst my child is in the care of the school. I hereby absolve the school from any blame.
- xi) that, in the event of a serious illness or accident befalling my child, and in the event of the school being unable to contact me, or in an emergency, then I hereby authorise the Head teacher or his/her representative, to seek medical treatment for my child, at his/her complete discretion, and I also agree to pay all medical fees thereof.
- xii) that in the event of any accident, illness, medical condition, or any change in circumstance (a bereavement, for instance), which may perhaps affect the emotional well-being, or mental or physical performance of my child, I shall inform the school in writing as soon as possible.
- xiii) to accept any additions/alterations to these regulations should they be necessary.
- xiv) to observe and uphold the regulations and discipline of Acacia International School.
- xv) I accept full responsibility for payment in advance of fees due to Acacia International School regarding my child's attendance. I understand that late/non payment of full fees by the date specified may incur penalties and may result in a temporary or permanent suspension of my child from Acacia International School.
- xvi) I give permission to use photos, which include my child, on any social media platform associated with Acacia International School.
- xvii) I acknowledge that making any statement against the school that is deemed by the school to be defamatory or slanderous may result in immediate withdrawal of my child's place.
- xviii) I accept that Application fees, Administration fees and Tuition fees, once paid, are non refundable.
- xix) I accept that the right of admission is reserved.
- xx) I accept that any information received from any previous school is confidential and will not be shared with third parties.
- xxi) I accept that the refundable Enrolment Deposit needs to be paid in order to secure my place at AIS and before my child starts school. I further accept that I must give a minimum of 2 calendar months notice in writing to the school informing of our intent to withdraw in order to receive the refund. I understand that if I do not pay this in a timely manner my place at AIS cannot be guaranteed and may be given to another applicant on the waiting list. Refunds will be issued in Malawi Kwacha.
- xxii) I accept that my child will not be allowed to start school until all fees have been paid in advance.
- xxiii) I have read and understood all of the above terms and conditions.

-Please note that ALL Parents/Guardians must sign this agreement below-

Name _____ Sign _____ Date ____/____/ 20____

Name _____ Sign _____ Date ____/____/ 20____