



Lomagundi College Primary School

P O Box 501

CHINHOYI

Zimbabwe

Cell +263 772 190 257

772 190 198

Email: primary@lomagundi.com

All children offered a place, from Grade 1 to Grade 7, must pay an entrance fee (details attached) as well as the first term's fees in advance. Entrance fees are Currently \$1600.00

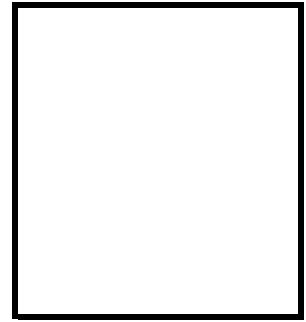
Children must be able to understand and communicate in the teaching medium of English.

Children applying for Grade 1 places must have attended some form of pre-school.

On submission of the application form we will need the following from you;

- **A copy of your child's birth certificate.**
- **A passport sized photo of your child.**
- **A Copy of Medical Aid Card**
- **\$25 registration fee.**
- **A copy of recent reports.**

Lomagundi College
Schools



LOMAGUNDI COLLEGE PRIMARY SCHOOL

P.O.Box 96

Chinhoyi

Zimbabwe

Cell:- 772190257

E-Mail :- primary@lomagundi.com

Website :- www.lomagundi.com

ADMISSION REGISTRATION FORMS

To be completed in BLOCK LETTERS please

DATE:-

CHILD'S SURNAME :- OTHER NAMES

Is your child's surname the same as yours? If NOT please give details below:-

.....

CHILD'S DATE OF BIRTH :- BOY/GIRL :-

(COPY OF BIRTH CERTIFICATE REQUIRED)

When and in which Grade are you seeking a place for your child?

TERM:- YEAR: GRADE:- WEEKLY BOARDER/DAYSCHOLAR/FULL BOARDER:-

SIBLING AT LCPS? YES/NO:- IF YES WHICH HOUSE?:-

NAME OF SIBLING:- SIBLING'S YEAR ATTENDED:-

RELATION AT LCPS? YES/NO :- IF YES WHICH HOUSE?:-

NAME OF RELATION :- RELATION'S YEAR ATTENDED:-

HOW DID YOU FIND OUT ABOUT THE SCHOOL?

WEB

FACEBOOK

FRIEND

EVENT

PARENT/GUARDIAN INFORMATION

FATHER'S FULL NAME & I.D No:-

PROFESSION/OCCUPATION:-

NAME OF COMPANY/BUSINESS:-

HOME ADDRESS:-

.....

E-MAIL ADDRESS (Personal) :-

PHONE (H) :- (W): (CELL)

MOTHERS FULL NAME & I.D No :-

PROFESSION/OCCUPATION :-

NAME OF COMPANY/BUSINESS:-

HOME ADDRESS:-

.....

E-MAIL ADDRESS (Personal):-

PHONE (H) :- (W):- (CELL)

ALTERNATIVE CONTACT (A RELATION OR FRIEND)

NAME :-..... TELEPHONE NO. :-

ADDRESS :-

.....I.D No:.....

FAMILY BACKGROUND

WHAT POSITION IS THE CHILD IN THE FAMILY?:-

HOW MANY SIBLINGS DOES HE/SHE HAVE?:-

WHAT ARE THEIR NAMES AND AGES?:-

.....

.....

DO BOTH PARENTS LIVE AT HOME? (IF NO EXPLAIN) :-
.....

ARE PARENT'S NATURAL PARENTS/ADOPTIVE PARENTS/GUARDIANS?:-
.....

MEDICAL HISTORY

WERE THERE ANY NOTABLE ILLNESSES DURING CHILDHOOD (e.g. Measles,Mumps,etc.):-
.....

HAS HE/SHE BEEN HOSPITALISED FOR ANY ILLNESSES? IF SO, GIVE BRIEF DETAILS:-
.....

DOES HE/SHE HAVE ANY ALLERGIES?:-

IS HE/SHE ON ANY MEDICATION ON A PERMANENT OR REGULAR BASIS?:-

HAS HE/SHE EVER HAD A SERIOUS INJURY OR ACCIDENT? (e.g. Broken bones, Concussion):
.....

IS THERE A HISTORY OF LEARNING DISABILITY IN THE FAMILY?:-

NAME AND CONTACT DETAILS OF FAMILY DOCTOR :-
.....

NAME OF MEDICAL AID AND NUMBER :-

(COPY OF MEDICAL AID CARD IS REQUIRED)

EDUCATIONAL HISTORY

PLEASE LIST THE NAMES AND DATES OF ALL PRE-SCHOOL AND SCHOOLS ATTENDED.

(Attach copie's of previous year's reports):-
.....
.....

PLEASE EXPLAIN THE REASONS FOR ANY SCHOOL CHANGES:-
.....
.....

HAVE ANY ASSESSMENTS ALREADY BEEN CARRIED OUT (e.g.psychological report,
Previous teacher Assessments etc.)?:-
.....
.....

HAS ANY LEARNING DIFFICULTY BEEN RECOGNISED AND BY WHOM?:-
.....

.....
.....
.....

**IF TRANSFERRING FROM AN ATS SCHOOL HAVE YOU GIVEN THAT SCHOOL DUE NOTICE
CLEARED YOUR ACCOUNT WITH THEM AND OBTAINED A SUPPORTING LETTER
FROM THEM?**

.....
**WAS THERE ANY PROVISION MADE FOR THE DIFFICULTY AT ANY OF THE SCHOOLS
HE/SHE ATTENDED?:-**

.....
.....

(COPIES OF ASSESSMENTS TO BE ATTACHED)

OTHER INFORMATION

**IF THERE IS ANY OTHER INFORMATION THAT YOU THINK IS RELEVANT, PLEASE INFORM
US:-**

FOOD DIETRY/ALLERGIES (accompanied by a doctors letter) Fussiness is not permitted.

.....
ANY OTHER RELEVANT INFORMATION
.....
.....

DECLARATION BY PARENT AND GUARDIAN

- a) I,(Name of Parent or Guardian)
agree and accept, that the Headmaster (Mr. A.J.Viljoen) & Deputy Head (Mr.J.Manuel-Morgan)
or their duly appointed deputies, may act "in loco parentis" in the event of a signature
being urgently required for hospitalisation, travel documents etc.
- b) I agree to the Superintendent (Mrs F Charumah) using her own discretion in authorising any
medical attention to my child, in conjunction with the Registered Sister on the premises.
- c) I agree to my child being transported in school vehicles and at times by parents of school
children.
- d) I undertake to pay a term's fee in lieu of notice, should my child be withdrawn from
Lomagundi College Primary School without due notice.
- e) I undertake to pay the FULL school fees for each term in advance prior to my child entering
the School. Where this is challenging I agree to approach the School to discuss possibilities
for finance alternatives.

