



Lomagundi College Primary School
P.O Box 96, Chinhoyi
Zimbabwe
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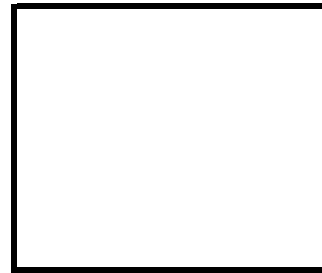
All children offered a place, from Grade 1 to Grade 7, must pay an entrance fee (details attached) as well as the first term's fees in advance.

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
- A copy of recent reports.



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(CIRCLE)

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)

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?:-

.....

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.J.Manuel-Morgan)
or his duly appointed Senior Mistresses, 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.
- f) Where I undertake the financial services of third party credit companies, I understand that
this agreement is with that company and not Lomagundi College Primary. Should the third
party credit company withdraw their payments for whatever reason, I understand that the
financial obligation to the School will still be mine to fulfill.
- g) I understand that should my child's account fall into arrears that my child will not be allowed
to return to school until I have resolved the problem with the School Bursar.
- h) I understand that any proof of fees payment is my responsibility to produce to the School.
- i) I acknowledge that I have understood and signed this application form under no duress and
with a clear understanding that this document is a legally binding agreement that
I am making with the School.
- f) I enclose \$25,00 Non Refundable Registration Fee.
(Please check with the School Bursar for the current Registration Fee)
- j) I have understood the School's Ethos, Policies and Regulations as laid out by the Headmaster
who represents the Board of Governors and that these documents are continuously revised at
the discretion of the Headmaster. I agree to abide by these policies and regulations and
also to hold my child accountable to these policies and regulations at all times.

Final acceptance of your child requires that you have a valid Paid entry fee. School fees are payable IN FULL by the first day of term, or on the day of entry. Interest will be charged on overdue accounts , to children whose fees have not been paid in full. In the event of legal proceedings being instituted for the recovery of any debt due, all attorney/client costs and collection charges incurred or payable by the school, will be recovered from parent/guardian.

ONE TERMS NOTICE IS REQUIRED BEFORE A CHILD IS REMOVED FROM THE SCHOOL

OR

ONE TERMS FEES IN LIEU OF ONE TERMS NOTICE

SIGNATURE :- DATE :-

WITNESS:-.....

WITNESS:-.....