

FEES

TUITION FEES : PLEASE REFER TO ATTACHED FEE NOTICE

CAPITAL DEVELOPMENT LEVY: P3000.00 PAYABLE UPON ENTRY INTO THE SCHOOL.

THIS IS A NON-REFUNDABLE CONTRIBUTION TOWARDS THE DEVELOPMENT OF THE SCHOOL

IF AN ORGANISATION OR PERSON OTHER THAN THE PARENTS ARE RESPONSIBLE FOR THE FEES OR CDF, PLEASE INDICATE:

(A letter from the relevant organisation or person acknowledging such responsibility must accompany this application)

IF THE APPLICANT IS NOMINATED BY A DEBENTURE HOLDER, PLEASE INDICATE THE NAME OF THE DEBENTURE HOLDER:

_____ CERTIFICATE NUMBER: _____

(A copy of Debenture Certificate, and letter of nomination to accompany this application)

AGREEMENT AND INDEMNITY

I/We, the undersigned, hereby contract that, should our son/daughter be accepted, the following will apply:

1. All pupils are subject to the system of discipline and rules of the school.
2. At all times the Headmaster (or appointed deputy) is in loco parentis including, in an emergency, consent to medical treatment.
3. We hereby agree while the pupil is enrolled at Clifton Prep / Clifton College and is conveyed or transported for any purpose whatsoever and / or participating in all related activities (including but not limited to sport, extra- mural activities, all excursions) then it shall be at the parents / "guardians" and the pupil's own risk. We shall not hold Clifton Prep / Clifton College, their appointed staff or officials responsible for any mishap, injury or loss of life that may occur as a result of the pupils participation in the above mentioned activities and also indemnify Clifton Prep / Clifton College and their appointed staff or officials against any claims, action, proceedings, liabilities, damages or expenses by any party howsoever arising out of or in conjunction with the above mentioned activities.
4. While it is understood that all reasonable care will be taken, the school shall not be responsible for loss or damage to the personal property of the pupil.
5. A non-refundable Capital Development Fund (CDF) is payable, within ten (10) days of receiving an offer of a place at the school. Failure to do so may result in the place being offered to another child.
6. A full school term's notice in writing is required before removing a pupil from Clifton College, or in lieu of this, We accept that should we default in payment of fees by the required date, our child may be suspended from school until all outstanding fees are paid. Legal action may be taken to retrieve all outstanding fees, including costs on the scale of attorney own client and collection commission. (Children returning to Clifton after legal action will be required to complete a new application form for re-admission.) We further agree that interest applicable on outstanding school fees shall be calculated at the prime bank lending rate and be payable accordingly.

Signed: _____ Signed: _____
(Father / Guardian) (Mother / Guardian)

Date: _____ Date: _____



Endure With Courage

Private Bag F48
Francistown
Botswana
Tel: +267 241 8571
Fax: +267 241 6241
Email: collegehead@cliftonschoo.net
Website: www.cliftonschoo.net

APPLICATION FORM

The following must accompany this form on submission:

- An application fee of P200.00
- A copy of applicant's birth certificate or passport.
- Proof of residency if the applicant is not a citizen.
- A copy of the applicant's most recent school report.
- A passport size photograph of the applicant.
- A copy/copies of the identity document/passport of the person/persons responsible for payment (i.e. parents/guardians).

APPLICANT'S PHOTOGRAPH

Completion of this form does not guarantee entry to the school.
The required entrance test has to be passed satisfactorily before a child will be considered for entrance

FOR OFFICIAL USE

ON ACCEPTANCE:

Account No.: _____ Receipt No.: _____ Date Received: _____

Assessment Date: _____ Assessment Time: _____ Teacher: _____

Recommendation: Yes / No Letter sent/collected: _____ Accepted : Yes / No

Recommended Form: _____ Class Allocated: _____

PVS Contacted: _____ Admissions: _____

Sports House: _____ Class Teacher: _____

ON DEPARTURE:

Fees Cleared Bursar: _____

Library Books Returned Librarian: _____

Notice Served Admissions: _____

Reason for leaving: _____



Member of the Independent Schools Association of Southern Africa
Member of the Conference of Heads of Private Schools of Botswana (CHOPS)



PUPIL'S PARTICULARS

SURNAME: _____
(As per birth certificate)

FIRST NAMES: _____
(As per birth certificate)

PREFERRED NAME: _____
(This name MUST appear on birth certificate)

DATE OF BIRTH: _____ GENDER: _____

PROPOSED FORM: _____ REQUIRED DATE OF ENTRY: _____

PREVIOUS SCHOOL: _____

PREVIOUS STANDARD/FORM PASSED: _____ FLUENCY IN ENGLISH: _____

PLACE OF BIRTH _____ COUNTRY _____

RELIGION: _____ NATIONALITY: _____

HOME LANGUAGE: _____

SECOND LANGUAGE SUBJECT CHOICE (SETSWANA, FRENCH OR AFRIKAANS) _____

HEALTH IMMUNIZATIONS: HEPATITIS B YES/NO POLIO YES/NO TETANUS YES/NO
MEASLES YES/NO DIPHTHERIA YES/NO

ALLERGIES: _____ (Give details on a separate sheet if necessary)

OTHER ILLNESSES: _____

PHYSICAL DEFECTS / HANDICAPS: _____

SPECIAL DIETARY REQUIREMENTS: _____

SPECIAL EDUCATIONAL NEEDS & DISABILITIES: _____

MEDICAL AID ORGANISATION AND NUMBER: _____

FAMILY DOCTOR: _____ TEL NO: _____

FAMILY

FAMILY CIRCUMSTANCES (e.g. Divorce, adoption, etc.): _____

WITH WHOM DOES THE ABOVE PUPIL LIVE? MOM & DAD/MOM/DAD/RELATIVE/GUARDIAN: _____

NUMBER OF CHILDREN IN FAMILY: _____ CHILD'S POSITION: _____

SIBLINGS AT CLIFTON:

NAME: _____ STD/FORM: _____ NAME: _____ STD/FORM: _____

NAME: _____ STD/FORM: _____ NAME: _____ STD/FORM: _____

NAME: _____ STD/FORM: _____ NAME: _____ STD/FORM: _____

PHYSICAL ADDRESS : _____
(WHERE THE ABOVE PUPIL LIVES)

POSTAL ADDRESS: _____
(ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS)

PARENTAL DETAILS

TITLE: **DR / MR**

SURNAME: _____

NAME: _____

PHYSICAL ADDRESS: _____

HOME VILLAGE: _____

CITIZEN/NON CITIZEN: _____

POSTAL ADDRESS: _____

HOME TEL: _____

WORK TEL: _____

FAX NO: _____

CELL NO: _____

EMAIL: _____

MARITAL STATUS:

**MARRIED / SINGLE / WIDOWER /
DIVORCED / SEPARATED**

EMPLOYER'S NAME: _____

OCCUPATION: _____

EMPLOYER'S PHYSICAL ADDRESS: _____

EMPLOYER'S POSTAL ADDRESS: _____

GUARDIAN DETAILS / NEXT OF KIN (TO BE COMPLETED TOGETHER WITH PARENTAL DETAILS - CONTACT IN CASE OF EMERGENCY)

TITLE: **DR / MR**

SURNAME: _____

NAME: _____

PHYSICAL ADDRESS: _____

HOME VILLAGE: _____

CITIZEN/NON CITIZEN: _____

POSTAL ADDRESS: _____

HOME TEL: _____

WORK TEL: _____

FAX NO: _____

CELL NO: _____

EMAIL: _____

TITLE: **DR / MS / MRS**

SURNAME: _____

NAME: _____

PHYSICAL ADDRESS: _____

HOME VILLAGE: _____

CITIZEN/NON CITIZEN _____

POSTAL ADDRESS: _____

HOME TEL: _____

WORK TEL: _____

FAX NO: _____

CELL NO: _____

EMAIL: _____

MARITAL STATUS:

**MARRIED / SINGLE / WIDOW /
DIVORCED / SEPARATED**

EMPLOYER'S NAME: _____

OCCUPATION: _____

EMPLOYER'S PHYSICAL ADDRESS: _____

EMPLOYER'S POSTAL ADDRESS: _____
