

**FEES**

TUITION FEES (2023): RECEPTION - P9250 PER TERM/STD 1 to 7 - P15,630 PER TERM, DUE ON THE FIRST DAY OF EACH TERM. (Arrangements can be made to pay these on a monthly basis. Monthly payments incur an additional admin charge of P100 per month).

CAPITAL DEVELOPMENT LEVY P 3000.00 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)

**AGREEMENT AND INDEMNITY**

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

- All pupils are subject to the system of discipline and rules of the school.
- At all times the Headmaster (or appointed deputy) is in loco parentis including, in an emergency, consent to medical treatment.
- 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-murial 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.
- 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.
- 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.
- A full school term's notice in writing is required before removing a pupil from Clifton School, or in lieu of this, we agree to pay a full term's fees. (This does not apply to any pupil leaving at the end of the Std. 7 year). 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 5% and be payable accordingly.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Father / Guardian) (Mother / Guardian)

Date: \_\_\_\_\_ Date: \_\_\_\_\_



Endure With Courage

Clifton  
Preparatory  
School

Private Bag F48  
Francistown  
Botswana  
Tel: +267 241 3979  
Fax: +267 241 6241  
Email: prep@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 Standard: \_\_\_\_\_ 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 STANDARD: \_\_\_\_\_ REQUIRED DATE OF ENTRY: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

PREVIOUS STANDARD 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 CONDITIONS REGARDING BEHAVIOUR: \_\_\_\_\_

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 / SEPERATED**

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 / SEPERATED**

EMPLOYER'S NAME:

\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S PHYSICAL ADDRESS:

\_\_\_\_\_

EMPLOYER'S POSTAL ADDRESS:

\_\_\_\_\_