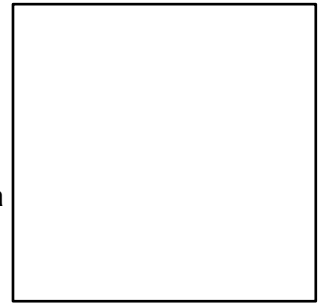


ENROLMENT NUMBER ASSIGNED

.....



PASSPORT SIZE  
PHOTO



**"Be safe, be kind and be smart"**

Off New Mumbwa Road, P.O. Box 32936, Lusaka, Zambia

Phone numbers: +260 967 528021 or +260 776 018852

Email: [admin@lusakawest.com](mailto:admin@lusakawest.com)

**ADMISSION FORM**

**(To be completed by Guardian & Pupil)**

Please complete and sign this form and return it to Lusaka West School.

**Attention:** The Headteacher, Lusaka West School Limited P.O box 32936: Lusaka

**Attachments**

1. Two passport size photos (latest).
2. Certified copy of the latest transfer/progress report from the last school attended.
3. Clearance form from last school attended.

**PART 1**

**PARTICULARS OF THE PUPIL.**

Surname: ..... Fore Names: .....

Sex: ..... Date of birth: .....

Proposed date of admission at Lusaka West School: .....

Name of the last School Attended: .....

Standard Education attained: .....

Any previous disciplinary record (if yes specify): .....

Particulars of any physical handicaps or serious illness: .....

Additional information if any concerning the Pupil: .....

**PART II**

**PARTICULARS OF FAMILY**

**FATHER/MALE GUARDIAN**

Surname: ..... Fore Names: .....

Relationship to Pupil: ..... Occupation: .....

ID No.: ..... Nationality: .....

Residential Address: .....

Postal Address: .....

Telephone No(s): .....

Email address(es): .....

**In case of being non-Zambian, what is the status? (tick one)**

Employment permit

Resident permit

Diplomat

Entry permit



**MOTHER/FEMALE GUARDIAN**

Surname: ..... Fore Names: .....

Relationship to Pupil: ..... Occupation: .....

ID No.: ..... Nationality: .....

Residential Address: .....

Postal Address: .....

Telephone No(s): .....

Email address(es): .....

In case of being non-Zambian, what is the status? (tick one)

Employment permit      Resident permit      Diplomat      Entry permit

**EMERGENCY CONTACT**

Whom to contact in case of emergency:

Name .....

Phone number(s) .....

Relationship to pupil: .....

**DECLARATION**

I apply for the enrollment of the child named: ..... as a pupil at

Lusaka West School and declare that the information provided on this form is to the best of my

knowledge and belief, true and correct. I agree that: -

- a) That the child will be punctual whenever properly required to do so.
- b) That the Pupil will be provided with and will wear the correct School Uniform as per school policy.
- c) That the Pupil will take part in school activities, sports and other recreational activities as may be arranged for recreational purposes.
- d) That the pupil will always respect the subject rules and discipline in school.
- e) That the Pupil will pay allegiance and honour the school
- f) That I accept full responsibility for all payments of the prescribed school fees and for meeting all other expenses that maybe incurred in respect of the pupil during the pupil's attendance at Lusaka West School.
- g) That for accounting purposes I will give written notice to the School Administration three months in advance before withdrawing my child, failure to which I will pay the school fees for the term.
- h) All tuition, Administration and Development funds must be made to the following Account:  
**Bank name: Zambia National Commercial Bank**  
**Account Name: Lusaka West School Limited, Account Number:**  
**Account number (ZMW): 5954692500173, Swift Code: ZNCOZMLU, Branch Code: 010086,**  
**Branch Name: Acacia Park**
- i) All Boarding fees must be paid in the following account.  
**Account Name: Vens One Enterprises, Bank Name: First National Bank,**  
**Account number: 62904611375, Branch Name: Industrial Branch**
- j) Fees once paid are nonrefundable.

Signature of parent/guardian..... Date.....

**FOR OFFICIAL USE ONLY**

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_

Reasons \_\_\_\_\_

Date \_\_\_\_\_ Signed by \_\_\_\_\_ Position \_\_\_\_\_



WMS

