



# MASERU PRIVATE ACADEMY

## APPLICATION FORM

P.O. BOX 2306 PITSOGROUND 102,  
MASERU, LESOTHO.  
TELEPHONE: (00266) 5179 6959/ 6888 8999

Office use only

Authority:

Grade and class placement:

Grade Applied for:

Date:

Date:

Date:

Curriculum: Cambridge

Signature:

Signature:

**Note:** This form must be completed in full. All changes to be initialed or signed by the parent/guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

### 1. Student Details

Surname:

Full names:

Nickname:

Date of birth:

DD

MM

YYYY

(as per birth certificate)

Gender:

Male

Female

Race:

Identification or Passport No:

Country of Birth:

Country of Residence:

Citizenship:

Home language:

Religion:

Home address:

City:

Country:

Postcode:

### 2. Parent/Guardian Details

Parent/Guardian 1:

Occupation/Profession:

Address:

Title:

Surname:

First name:

Gender:

Male

Female

Race:

Identification or Passport No:

Home language:

Religion:

Relationship to the learner:

Learner resides with you:

YES

NO

Marital status:

Single

Married

Widowed

Divorced

Separated

Account payer:

YES

NO

Home phone:

Cell phone 1:

Cell phone 2:

Work phone:

Email address (if any):

Home address:

(if different to student details above)

City:

Country:

Postcode:

Parent/Guardian 2:

Occupation/Profession:

Address:

Title:

Surname:

First name:

Gender:

Male

Female

Race:

Identification or Passport No:

Home language:

Religion:

Relationship to the learner:

Learner resides with you:

YES

NO

Marital status:

Single

Married

Widowed

Divorced

Separated

Account payer:

YES

NO

Home phone:

Cell phone 1:

Cell phone 2:

Work phone:

Email address (if any):

Home address:

(if different to student details above)

Reference:

City:	Country:	Postcode:
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3. Alternative Contact Details

(to be used in the event that the parents / legal custodians are not contactable)

Full name and surname:		Relationship to the learner:
Home phone:	Cell phone 1:	Cell phone 2:
Work phone:	Email address (if any):	
Home address:		
(if different to student details above)		
City:	Country:	Postcode:

4. Previous school information

Name of previous school:		
Previous school address:		
City:	Country:	Postcode:
Highest Grade Passed:	Year when Grade was passed:	
For Grade 1 ONLY: Indicate pre-primary school	Attended school:	Stage:

5. Siblings

Number of other children who currently attend MPA:	Applying learner's position in the family (e.g. first)
1. Name:	Grade:
2. Name:	Grade:
3. Name:	Grade:

6. Medical

Does the learner have a medical condition:	Yes	No	(e.g. asthma, diabetes, epilepsy, allergies)
If Yes, please provide details:			
Is ongoing treatment required:	Yes	No	(e.g. by a doctor, or by medication)
If Yes, please provide details:			
Doctor's name and surname (if any):	Doctor's Phone number:		
Medical aid name (if any):	Medical aid number (if any):		
Medical aid main member full name:			
I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.			
Name of parent/guardian (Please print):			
Signature of parent/guardian:			
Date:	DD	MM	YYYY

Please submit the following supporting documents with the application:

1. Copy of birth certificate/passport.
2. Copy of immunization records (For pre-school only)
3. Foreign citizen: copy of residence permit
4. Copy of latest progress report
5. Letter of attendance from pre-school

# MASERU PRIVATE ACADEMY

## INDEMNITY AND WAIVER FORM

(Parent/Guardian to complete)

1. I, .....(full name and surname)

Parent/Guardian of, .....(full name and surname)

.....(I.D. number of student)

hereby bind myself and my child/children to the contents of this document.

2. I recognize that, when my child/children:

- 2.1 is/are present on the school premises
- 2.2 is/are elsewhere other than on the premises, but under supervision of the school
- 2.3 is/are under supervision of a person at the request of the school
- 2.4 is/are transported under supervision, or at the request of the school

and he/she suffer any injury, loss or damages, the contents of this document will be applicable. This indemnity and waiver will be applicable in favour of the school or an employee of the school and/or any person who acts at the request of an employee of the school ("the responsible person").

3. 3.1 I accept that, although the responsible person will guard the child/children as well as possible, I indemnify the school and the responsible person totally of any and all responsibility of whatever nature, including negligent conduct, but excluding liability arising from deliberate, reckless or grossly negligent conduct by the responsible person.

3.2 I renounce any claim (other than a claim resulting from deliberate, reckless or grossly negligent conduct by the responsible person) and undertake in particular that I will be liable for all medical-, hospital', and other expenses resulting from such an incident.

3.3 I accept that any claim that I and/or my child/children may have against the school and the responsible person resulting from any deliberate. Reckless or grossly negligent conduct by the responsible person, at all times will be limited to a maximum amount for which in the relevant circumstances the school has a insurance coverage (the policy is held by the school and can be inspected on request).

4. I cede my power as parent/guardian to the principal of the school and/or his/her representative should medical treatment/surgical incision be necessary for my child, should it not be possible to contact the parent/guardian.

5. The following general information is necessary in case of a medical emergency or hospitalization:

5.1 Residential address of parent/guardian: .....

5.2 Telephone No: Home: ..... Other: .....  
Cell phone: Father: ..... Mother: .....  
Work phone: Father: ..... Mother: .....

5.3 Name and address of employer: .....

5.4 Name of Medical Aid (if any): .....

5.5 Name of Doctor (if any): .....

Telephone no of Doctor: .....

Cellphone no of Doctor: .....

6. To the best of my knowledge my child/children are in good health and I take note that it is my responsibility to inform the school in writing of any change in the state of the health of my child/children and the general information which may become necessary in case of medical treatment or hospitalization. Should the child/children not be in good health, please briefly state the nature of the illness:

...../...../.....  
Signature of Parent/Guardian Date Parent/Guardian I.D./Passport Number