

# PHAKALANE ENGLISH MEDIUM SCHOOLS

PRE-SCHOOL , PRIMARY AND SECONDARY SCHOOL

PLOT 21475  
MAGANG AVENUE  
PHAKALANE

P/BAG BR 307  
GABORONE  
BOTSWANA

PRIMARY CONTACTS: (+267) 390 7010/(+267) 74167246  
SECONDARY CONTACTS: (+267) 3975991/(+267) 72690347  
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## PRE-PRIMARY REGISTRATION FORM

### DETAILS OF LEARNER

SURNAME: ..... FIRST NAMES: .....

DATE OF BIRTH: ..... MALE / FEMALE: .....

LEARNER'S NATIONALITY: ..... RELIGION: .....

LANGUAGE(S) SPOKEN AT HOME: .....

STANDARD REQUIRED: .....

YEAR OF ADMISSION: .....

PREVIOUS SCHOOL ATTENDED: .....

LENGTH OF ATTENDANCE: .....

### KNOWN ALLERGIES:

FOOD: .....

MEDICATION: .....

OTHER: .....

ANY CHRONIC ILLNESSES: .....

ANY SPECIAL DIETARY REQUIREMENTS? .....

### DETAILS OF PARENTS

FATHER / GUARDIAN'S SURNAME: ..... FIRST NAMES: .....

ID/PASSPORT NO: .....

NATIONALITY: .....

OCCUPATION: ..... EMPLOYER: .....

POSTAL ADDRESS: .....

EMAIL: .....

PHYSICAL ADDRESS: .....

BUSINESS TELEPHONE NO: ..... HOME TELEPHONE NO: .....

CELL PHONE NO: ..... WHATSAPP NO: .....

Attach  
passport size  
photo here



Aim Where Eagles Soar

MOTHER'S SURNAME: .....FIRST NAMES: .....

ID/PASSPORT NO: .....

NATIONALITY: .....

OCCUPATION: .....EMPLOYER: .....

POSTAL ADDRESS: .....

EMAIL: .....

PHYSICAL ADDRESS: .....

BUSINESS TELEPHONE NO: ..... HOME TELEPHONE NO: .....

CELLPHONE NO: ..... WHATSAPP NO: .....

PLEASE STIPULATE WHICH ADDRESS THE SCHOOL MAY FORWARD ANY CORRESPONDENCE TO: MOTHER / FATHER / GUARDIAN (**DELETE AS APPLICABLE**)

CONTACT NAME & TELEPHONE NO: (**TO BE USED IN EMERGENCIES IF EITHER OF THE PARENTS ARE NOT AVAILABLE**):

NAME..... RELATIONSHIP TO LEARNER ..... NUMBER: .....

NAME..... RELATIONSHIP TO LEARNER..... NUMBER: .....

DO YOU HAVE ANY OTHER LEARNER/S AT THE SCHOOL?

NAME: ..... STANDARD/FORM: .....

NAME: ..... STANDARD/FORM: .....

NAME: ..... STANDARD/FORM: .....

HOW DID YOU COME TO KNOW OF PHAKALANE ENGLISH MEDIUM SCHOOLS (PEMS)?

HAS THE LEARNER PREVIOUSLY ATTENDED AT ANY PEMS?

YES/NO YEARS OF ATTENDANCE ..... REASON FOR LEAVING .....

ARE ANY OF THE PARENTS/GUARDIANS ALUMNI OF PEMS

YES/NO YEARS & LENGTH OF ATTENDANCE .....

FAMILY DOCTOR'S NAME: ..... TEL NO: .....

PREFERRED MEDICAL FACILITY TO BE USED IN THE CASE OF AN EMERGENCY:

**#Important information:**

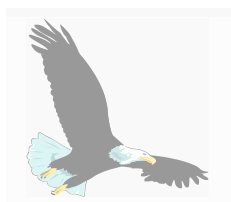
\* A copy of the learners' birth certificate must accompany this form.

\* A copy of the Parents Identification Documents must be attached to this form.

\* One passport size photograph must be attached to the front page of the application form where indicated

\* Registration and Development Levy are a once off payment, for first time registrations only.

\*A copy of the learner's latest academic report and transfer letter from the previous school should be attached to this form



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**PARENT/GUARDIAN CONSENT:**

\*The payment of the registration fee does NOT guarantee a place for the learner but the payment of the development levy secures the learner’s place.

\* **Fees when paid cannot be refunded; the overpayment will be credited toward the following term’s fees. Where a parent or guardian qualifies for a refund the amount will be refunded less an administrative fee of 5%.**

\* Before transferring a pupil from the School, a term’s notice in the form of a written notification shall be submitted to administration, otherwise failure to do so will result in a term’s fees in lieu of notice to be paid to the school upon transfer of the pupil.

\* **All fees should be paid on or before school opens or a penalty fee of P 100.00 per week will be charged for late payment. The total of the annual fees for learners in examination classes will be paid in full in first and second term.**

\* The Principal of the School has the right, in maintaining discipline in the School, to suspend the pupil for a period, or expel the learner from the school. In such circumstances we acknowledge that the full term’s fees shall not be refunded.

\* As the Parent/Guardian of the registered learner who is a minor, consent to the **capturing and use of the learner’s image**. I understand that the school will take photographs and videos of the learner and that the captured images will be used available on Phakalane English Medium Schools digital and social media platforms. I understand that my child’s images may be used as promotional material on these platforms and that this will be inclusive of digital advertisements (Facebook ads, Google ads) and for traditional marketing purposes such as billboards, fliers, brochures and banners. I understand that neither I, nor the learner shall be remunerated for the use of these images.

**Please note the above and endorse below.**

I ..... being the parent/guardian of ..... have read all the above terms and conditions and have accepted and understood them fully. I also declare all information provided by me, to be accurate and truthful and have attached all necessary required documentation.

Signed: ..... This ..... day, of .....

At .....

**FOR OFFICE USE ONLY**

**Registration Fee P300**                      Date Paid.....      Receipt No: .....

**Development Levy P2000**                      Date Paid .....      Receipt No: .....

**Fees P9550 per term**                      Date Paid .....      Receipt No: .....

**Book Levy P500 per term**                      Date Paid .....      Receipt No: .....

**Transport Fees**

**Gaborone = P2800.00 per term**

**Sebele / Phakalane = P2450.00 per term**

**Gaborone North, Oodi, Modipane = P2800.00 per term**

**Metsimotlhabe, Mogoditshane, Mmopane, Tlokweng, Mochudi, Morwa, Bokaas = P2950.00 per term**



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