

Please attach 2 passport size photos



APPLICATION FORM

Enko Botho Campus
 Phone: +267 396 0044
 WhatsApp: +267 759 439 37
 Email: botho@enkoeducation.com
 Website: www.enkoeducation.com/botho
 Plot 60114, Block 7, Gaborone, Botswana

NAME OF STUDENT

APPLICATION FOR ADMISSION TO FORM

To enter ENKO BOTHO CAMPUS from (YEAR)

ALL APPLICANTS are required to sit an entrance test.

(Copies of the following documents are required on application)

DOCUMENTATION FOR SUBMISSION	Office Only (Tick)	COMMENTS
Learner's birth certificate.		
Parent's I.D. documents/ Passports with work/ permanent residence permits.		
Most recent school reports.		
Proof of residency.		
School fee clearance certificate from current school.		
Transfer letter from current school		
PAYMENT FOR THE NON-REFUNDABLE REGISTRATION FEE. (P300 for all learners)		

THE APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLIANCE WITH ALL OF THE ABOVE.

FOR OFFICE USE ONLY

Officer: _____ Date of Acceptance: ____/____/____

LEARNERS INFORMATIONS

Full names:			
Preferred name:			
Form applying to:		Current Standard/form:	
Gender:		Date of Birth:	
Physical Address:		Postal Address:	
ID number:			
Home Language		Other Language:	
Country of birth:		Nationality:	
Religion:			
Previous School:		Contact Number:	

LEARNERS ACHIEVEMENTS

Academic	Achievement	Sports	Achievement

SIBLING INFORMATION

Names	Current School	Current Standard/Form

(Please state if either parent is a step –parent, or if either parent is deceased)

PARENTS / GUARDIAN INFORMATION			
Salutation (Mr, Mrs, Dr etc):		ID number:	
Full names:			
Contact number:			
Email address:			
Employer:		Occupation:	
Employer contact details:			
Physical address:		Postal address:	
Relationship to the learner:			
I AM RESPONSIBLE FOR FINANCING THE SCHOOL FEES (TICK)			
YES		NO	

SECOND PARENT / GUARDIAN INFORMATION			
Salutation (Mr, Mrs, Dr etc):		ID number:	
Full names:			
Contact number:			
Email address:			
Employer:		Occupation:	
Employer contact details:			
Physical address:		Postal address:	
Relationship to the learner:			
I AM RESPONSIBLE FOR FINANCING THE SCHOOL FEES (TICK)			
YES		NO	

INCASE OF EMERGENCY

Name(s) of people authorized to pick up learner at school:	
Medical condition(s) of the learner Please list any medical conditions of the learner (allergies, diabetes, asthma, other)	

Authorization of medical attention

I authorize the Enko Education direction, in case of an emergency, to take any necessary action regarding my child (medical care, hospitalisation, surgical intervention). I confirm having informed the Enko school of my child's medical condition.

YES		NO	
-----	--	----	--

Authorization for school trips

I authorize my child to participate in field trips, outings, curricular and extracurricular activities organized by Enko Education.

YES		NO	
-----	--	----	--

Parental authorization for the use of digital photos of students

I authorize Enko Education to use photos and digital images of my child in publications about the school or on its website and social media accounts. I am informed that they will only be used in educational material and that the identity of my child will be protected.

YES		NO	
-----	--	----	--

By putting your signature and names below you are indicating that the information on this form is true and accurate to the best of your knowledge.

NAME & SURNAME	DATE	SIGNATURE

FOR OFFICE USE ONLY

ENTRANCE ASSESSMENT RESULTS

Eng Maths

--	--

Admission Number	
Inquiry date	
Date Application Received	
Late Application	
Deferred	
Admission Status	