

Jack & Jill Nursey School

Affiliated to St Patrick’s International Primary School

13 Link Road, Namiwawa

P O Box 2659, BLANTYRE

**Tel: 0887 084 565/6 Email:** stpatspr@gmail.com

**ENROLMENT FORM**

**NON REFUNDABLE REGISTRATION FEE K 75 000**

STD : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELIGION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAMES : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NOS :Father \_\_\_\_\_\_\_\_\_\_\_Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home\_\_\_\_\_\_\_\_\_

COMPANY NAME :FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

& OCCUPATION MOTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PHYSICAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (BOX NO) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KNOWN ILLNESS/ ALLERGIES : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST SCHOOL ATTENDED : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL COMMENTS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENROLLMENT DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AGREE TO ENROL MY CHILD AND TO PAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_PER TERM IN ADVANCE

**INDEMNITY FORM**

Name of Child: …..................................................................................................................................

We, the father/mother/guardian of the child hereby agree:

1. To accept and abide by all the terms and conditions governing Jack and Jill Nursery and St Patrick's International Primary School, which I declare myself fully acquainted.
2. That while the persons in charge of the school will care for the best of their ability, neither they nor any persons connected to the school will accept any liability for any claims arising from any accident or injury happening to the child while he/she is in the care of Jack and Jill and St Patrick's International Primary School or its staff members and to waive and abandon any claim which may at any time arise as afore said, both in my/our personal capacity, and I/we expressly indemnify the Head Teacher and staff or such person against any such claim which may arise or be instituted.
3. To ensure that the child has been properly immunised against whooping cough, diphtheria, tetanus and polio, and vaccinated against tuberculosis, and furnish proof of this on request.
4. That the Headteacher of the school, or in his absence, any other responsible person connected to the school, may give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, provided that this will be executed on the advice, and further, I/we agree that any costs or charges born in respect of such medical treatment or surgery will be born by myself/ourselves.
5. I/we will not hold the Headteacher, the school nor anyone connected with the school responsible for any accident or injury involving my/our child.
6. All fees and charges will be paid on or before school opens.
7. St Patrick's reserves the right to levy fees in lieu of notice.
8. St Patrick's reserves the right to withhold examination results/reports and testimonials if fees fall into arrears.
9. Before removing your child from the School, a full term's notice will be given, failing which a term's fees will be payable in lieu of notice
10. I intend to abide by all the school regulations; to settle all fees in advance; to give a term's notice and be liable for any false information provided.

**I grant permission to use photographs and/or videos taken of my child, in publications or social media related to the school.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN DATE**