

# Application for Enrolment



**PHOENIX SCHOOL**  
FOUNDED 1977

PASSPORT SIZE  
PHOTOGRAPH  
OF CHILD

<input type="checkbox"/> Toddler 2 years after 31st Aug.	<input type="checkbox"/> Pre-Nur 2 years as of 1st Sep.	<input type="checkbox"/> Nur 3 years as of 1st Sep.	<input type="checkbox"/> Rec 4 years as of 1st Sep.	<input type="checkbox"/> Year
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Month and year place required

Age of child on this date

## 1 CHILD'S PARTICULARS

Full name

Date of birth DD / MM / YYYY

Girl

Boy

Nationality

School or Nursery School attended to date:

## 2 FAMILY PARTICULARS

### FATHER

### MOTHER

Name

Name

Employer

Employer

Office Tel.

Office Tel.

Home Tel.

Home Tel.

Cell No.

Cell No.

Email

Email

Work address

Work address

Home address

Name of brother(s) / sister(s)  
attending Phoenix School

1	3
2	4

## 3 RESIDENTIAL STATUS

<input type="checkbox"/> Malawian	<input type="checkbox"/> P.R.P.	<input type="checkbox"/> B.R.P.	<input type="checkbox"/> T.E.P.	<input type="checkbox"/> T.A.P.
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Do you pay Malawi Tax  
on your earnings?  
YES \_\_\_ NO \_\_\_

## 4 MEDICAL CONDITIONS

PLEASE STATE IF THE CHILD HAS ANY DISABILITIES OR MEDICAL CONDITIONS (e.g. asthma, epilepsy, allergies, etc.)

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.....

Name of Family Doctor

Tel.

Medical aid plan

Membership No.

Suffix

## 5 PERSON / ORGANISATION RESPONSIBLE FOR PAYING FEES

Name	
Email address	Tel
Address	
Contact person (if applicable)	

## 6 DECLARATION BY PARENT / GUARDIAN

I (full name) \_\_\_\_\_

apply for (full name) \_\_\_\_\_

To be enrolled at Phoenix International Primary School, and I agree to the following:

- He/She shall observe and be subject to the regulations and discipline of the school.
- He/She will attend all sessions required by the School during school terms, including Saturdays, extra sporting and cultural events. He/She will arrive and be collected punctually at all times.
- He/She will wear school uniform in a clean and tidy manner and keep hair trimmed and tidy at all times avoiding all extremes.
- I accept full responsibility for payment in advance of all fees due in respect of the child's school attendance.
- I will inform the school of any changes in address or telephone numbers, either residential or business, this being essential in cases of emergency.
- I will notify the school one month in advance should I intend to withdraw the child for any reason whatever.
- I will notify the school with all details should the child ever be left in the care of another person while the parents are both absent from home.
- I will attend parent interviews when specifically requested.
- In the event of an accident or serious illness of the child, and should I be unable to be contacted, I authorize the Head Teacher to seek medical treatment for the child, at his complete discretion, and I agree to pay all medical fees in this respect.
- I agree to notify the school, at the time, of any illness, accident, medical condition (whether under treatment or not, or any other circumstances (such as bereavement), which might affect the physical or mental performance of the child.
- I recognize that the school cannot accept liability for loss or damage to the possessions of my child while he/she is at school or on school trips of any nature.
- I give permission for my child's image and/or video to be taken and used in publicity material for the school, including printed and electronic publications, video and on websites.
- I accept that failure to comply with these Rules and Regulations may result in my having to withdraw my child/ren from the school.
- The registration fee, copy of ID and two passport photos are attached to this application.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name (Father) \_\_\_\_\_

Name (Mother) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please attach the following to this application:

1. Copy of Child's Passport or other ID
2. Two passport size photographs

Phoenix International Primary School  
P.O. Box 30376, Blantyre, Malawi.  
Tel: + 265 (0)1 896 845 / (0)88 460 8271  
Email: office@phoenix.mw

[www.phoenixschoolmalawi.com](http://www.phoenixschoolmalawi.com)

### FOR OFFICE USE:

Date of Birth Verified		Class	
Date Started	DD / MM / YYYY	Date Left	DD / MM / YYYY
Registration Fee Receipt No.			