



**Enrolment Form  
For Boarders and Day Pupils**

**THE BRITISH SCHOOL OF LOMÉ**

Notes

*PLEASE READ NOTES AS* you fill in the questions. They are to help us get the information we need as you complete the form.

### **Family Name and Given Names:**

NAMES TRANSLATED INTO English from some languages, such as Arabic, can be spelt in various ways. If this is the case for this child please pick a spelling that need not be changed. The names as spelt on this form will appear on all school records and reports and, important for senior pupils, on external examination certificates.

### **Estimated length of stay at this school:**

THIS CAN BE CHANGED AT any time, but please note that one full term's notice, or fees in lieu, is required.

### **Home Address. If you live in Togo please describe where your house is.**

SOMETIMES IT IS POSSIBLE for us to take a sick child home- if we know where to go. If you have a map of the location of the house attach it to this form or send it to the secretary. If you move let us know as soon as possible.

If you do not live in Togo put your street address rather than the postal address.

### **Postal Address - for all correspondence.**

ALL POSTAL CORRESPONDENCE will go to this address. If it is the same as the Work Address, include your title and department to help minimise internal delays. Please write the address exactly as it should appear on the envelope.

### **State fully any health problems the child has.**

PLEASE ENSURE THAT ANY health problem are recorded on this form. If there is not enough room please attach an additional sheet. This is vitally important for boarders who may possibly be treated by the school doctor.

In particular list any allergies. We have had pupils who are allergic to Paracetamol and to Band Aid plasters. Please be thorough.

# Application for Admission

Start Date \_\_\_\_\_ 20 \_\_\_\_

<b>Ad. Date</b> _____	<b>Ad. No.</b> _____
Entry Age _____ yr _____ m	
P S F _____ of _____	B or D _____
P L D _____	Left _____
<b>Office Use Only</b>	

Child's Family Name _____	Given Names: _____
Date of Birth Day _____ Month _____ 20 _____	Sex (M or F) _____ Boarder _____ or Day Pupil _____ (Tick)
Place of Birth _____	Nationality: _____
Previous school attended (Full Postal address) _____	
Present Class _____	When started in previous school? Month _____ 20 _____
	Left: Month _____ 20 _____
Family Religion: _____	Estimated length of stay at this school _____ years
Pupil's Mother Tongue _____	
First Language Spoken in the Home: _____	2 <sup>nd</sup> _____
List any other languages spoken at home. _____	
Child living with: (Please tick.)	Both Parents _____ Mother: _____ Father: _____ Guardian _____
Father's Name _____	Nationality: _____
Mother's Name _____	Nationality: _____
Father's Occupation _____	Mother's Occupation _____
Father's Work Address (If working at home put - At home). _____	Mother's Work Address (If working at home put - At home). _____
Work Tel. _____ Fax No: _____	Tel. _____ Fax No. _____
Email: _____	Email: _____
Home Address: <b>If you live in Togo</b> please describe where your house is. _____	
	Home Tel. _____ Fax No. _____

Postal Address - for all correspondence <i>If the same as the work or home address mark accordingly</i>	
Fees are to be paid ( <i>please tick</i> )      Privately <input type="checkbox"/> or by Company <input type="checkbox"/> Percentage paid privately	
Company Postal Address - only if fees are subsidised by a company <i>If the same as the work address mark accordingly</i>	
Does the child wear glasses? ( <i>Please tick</i> )      Does the child have good hearing? ( <i>Please tick</i> )	
No: <input type="checkbox"/> For reading only: <input type="checkbox"/> Always: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Note any behavioural problems the child may have.	
State fully any health problems the child has - <i>including Sickle-Cell Anaemia.</i>	
Name of family doctor in Togo:	Doctor's Togo Tel.
Emergency contact name:      Tel. Country _____ No. _____	

Before signing this Enrolment Form please read the following points carefully. They are included here to avoid any misunderstanding.

- I have read and understood the details outlined in the school brochure.
- I will encourage the applicant to follow the school rules.
- I acknowledge that tests do not signify the end of term and that I will honour the term dates.
- I understand that either **one full term's notice is required**, or **fees in lieu**, and that this includes the final term also.
- The registration fee, which is a one-time payment and is not refundable, should accompany this application for admission.

**-- Declaration --**

To the best of my knowledge the details filled in on this form are correct. I have not withheld pertinent information.

Name of person signing

Relationship to the child

Signature:

Date:      Day ..... Month ..... 20 .....

*Attach copies of previous school reports, birth certificate and vaccination card to this form.*