

# Application for Enrolment



**PHOENIX SCHOOL**  
FOUNDED 1977

PASSPORT SIZE  
PHOTOGRAPH  
OF CHILD

Pre-Nursery (2 years as of 1st Sep.)
  Nursery (3 years as of 1st Sep.)
  Reception (4 years as of 1st Sep.)
  Year

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

Profession

Profession

Work Tel.

Work Tel.

Cell No.

Cell No.

Email

Email

Work address

Work address

Home address

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

1

2

3

4

## 3 RESIDENTIAL STATUS

Malawian

P.R.P.

B.R.P.

T.E.P.

T.R.P.

## 4 MEDICAL CONDITIONS AND/OR LEARNING CHALLENGES

Please state if the child has any disabilities, medical conditions (eg. epilepsy, asthma, allergies, etc.) or learning challenges/special educational needs:

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Is your child receiving  
learning support at school?

YES\_\_\_ NO\_\_\_

Name of Family Doctor

Tel.

Medical aid plan

Membership No.

Suffix

## 5 PERSON / ORGANISATION RESPONSIBLE FOR PAYING FEES

Name	
Email	Tel.
Address	
Contact person (if applicable)	

## 6 DECLARATION BY PARENT / GUARDIAN

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

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

For my child to be enrolled at Phoenix International Primary School, I agree to the following:

1. My child shall observe and be subject to the regulations and discipline of the school.
2. My child will attend all sessions required by the school during school terms (including Saturdays, extra sporting activities, and cultural events) and will arrive and be collected punctually at all times.
3. My child will participate in all musicals and stage productions and attend rehearsals as required.
4. My child will wear the school uniform in a clean and tidy manner, and will keep their hair trimmed and tidy at all times, avoiding all extremes in style.
5. I accept full responsibility for the payment of all school fees either in advance or according to the school's prescribed payment plan.
6. I will inform the school of any changes to our address or telephone numbers (either residential or business), as this is essential in cases of emergency.
7. I will notify the school one month in advance should I intend to withdraw my child for any reason whatsoever.
8. I will notify the school with full details should my child ever be left in the care of another person while both parents are absent from home.
9. I will attend parent interviews when specifically requested.
10. In the event of an accident or serious illness involving my child, and should I be unable to be contacted, I authorise the Head Teacher to seek medical treatment for my child at their discretion, and I agree to pay all medical fees incurred.
11. I agree to notify the school immediately 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 my child.
12. I recognise that the school cannot accept liability for the loss of or damage to the possessions of my child while they are at school or on school trips of any nature.
13. I understand that children are not allowed to bring any devices to school, such as cell phones, tablets or smart watches.
14. I accept that failure to comply with these rules and regulations may result in the required withdrawal of my child (or children) from the school.
15. I have included a copy of the relevant ID, one passport-sized photo and the latest school report with this application.

**I have read, understood, and agree to the declaration statements above.**

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. One passport size photograph.
3. The child's latest school report.

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.			