

## APPLICATION FORM FOR LOWER FORMS

**APPLYING TO ENTER:**

FORM	TERM	YEAR OF ENTRY
DAY	BOARD	SEX

STUDENT'S FAMILY NAME.....

 FIRST NAMES *(in full)*.....  
*(please circle the name you would like us to use)*

POSTAL ADDRESS:.....

DATE OF BIRTH:..... NATIONALITY:..... No. of YEARS AT SCHOOL.....

NAME OF PRESENT SCHOOL:..... FORM/CLASS:.....

FIRST/HOME LANGUAGE:.....

SPECIAL REMARKS CONCERNING HEALTH:.....

 Will your school fees be covered primarily by an Embassy, Global NGO, MNC or UN?
 

Yes	No
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FATHER (or Male Guardian)		MOTHER (or Female Guardian)
	NAME	
	HOME ADDRESS	
	COUNTRY	
	TEL NO. HOME	
	WORK	
	CELL	
	EMAIL (please print)	
	OCCUPATION/POSITION	
	EMPLOYER	
	WORK ADDRESS	

 Is attendance at Waterford dependent on your receiving financial assistance from Waterford Kamhlaba? **(PLEASE CIRCLE AS APPROPRIATE)**

Yes	No
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(Please note that any assistance is given on the basis of need and that applications are made only after a student has been accepted.)

 Please tell us the names of any of your other children or relatives that are past or present Waterford students or staff or patrons
 

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**IF MY CHILD IS ACCEPTED, I UNDERTAKE TO FULFIL THE FINANCIAL OBLIGATIONS REQUIRED OF ME**

SIGNED:..... DATE:.....

**(PLEASE ATTACH LATEST SCHOOL REPORTS AND AN APPLICATION FEE OF E300.00 IF TESTING ON CAMPUS TESTING DAY, E700.00 IF TESTING INDIVIDUALLY OR \$70.00 OUTSIDE OF SWAZILAND)**

