

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

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, E800.00 IF TESTING INDIVIDUALLY OR \$80.00 OUTSIDE OF SWAZILAND)