

LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

Please complete the application form in full and return, along with the following documents to: info@lusundvu.com

- Copies of two most recent school reports
- Copy of your child's birth certificate (unbridged)
- Copy of ID document/s / passport/s of parent/s or guardian/s
- Photograph of your child
- Copy of your school fee account
- **E200.00 non-refundable registration fee.**



LUSUNDVU
AGRICULTURE ACADEMY

Office use:

Please use the following reference when making payment:
Child's initials and surname, entry grade and entry Year

Admission policy:

Entry to Lusundvu Agricultural Academy is determined by available of space, Performance in assessments and a successful interview.

Contact us: email: info@lusundvu.com / Cell: 76023980

Tell: (+268) 3560 1322

How did you hear about Lusundvu Agricultural Academy?

Website Family Friend Media Other

Application for(tick appropriate block)

Grade 8 Grade 9 Grade 10 Grade 11

Pupil's Information

Surname		First Name	
Birthdate(yyyy/mm/dd)		Middle Names	
Gender		Home Language	
Entry year		Entry Grade	
Border or day scholar		Special dietary requirement	
Current School		Previous School	
Residential Address			

LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

Postal Address	P O Box		Citizen/Nationality	
	Town/City		Contry of birth	
	Postal		Contry of Residence	
	Province/Region		Identity Number	
	County		Home Telephone	
Cell Number			Emergency Number	
Religion and denomination, if applicable				

SIBLINGS				
Number of Siblings @ Lusundvu		Position in the family (e.g. First child)		
Sibling Name	School	Relative Name	Relationship	Years Attended

SPORT	
Please Indicate if you have any Preference for a Sports discipline	
Reason for Preference	
The school reserves the right to allocate learners to Sports discipline to ensure a fair distribution of groups	
May the applicant participate in recreational games on Weekends? <i>(circle one)</i>	YES / NO
Particulars of Sporting Ability/Achievements	

LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

APPLICANT'S MEDICAL INFORMATION			
Medical Aid Name		Medical Aid No	
Medical Aid Main Member		Doctor's Name	
Doctor's Address		Doctor's Telephone No.	
Has the applicant been vaccinated since infancy? (Please attach "Immunization Chart") <i>(circle one)</i>	YES / NO	<i>IF NO, PLEASE GIVE DETAILS OF VACCINATIONS MISSED.</i>	
Any special medical needs/requirements			
Has the applicant any physical disabilities and/or allergies? <i>(circle one)</i>	YES / NO	<i>IF YES, PLEASE GIVE DETAILS</i>	
If the applicant is currently suffering from any chronic disease or medical condition which needs monitoring, please give details:			
Counselling Requirements:			
Dexterity Of Learner <i>(underline one)</i>	RIGHT-HANDED	LEFT-HANDED	AMBIDEXTROUS

LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

Guardian/Parent Information		
Details	First parent/guardian	Second parent/guardian
Surname		
First names (full)		
Initials		
Relationship to child		
Marital Status		
ID No./Passport No.		
Birthdate (YYYY/MM/DD)		
Nationality		
Home Language		
Postal Address	P O Box	
	Town/City	
	Postal Code	
	Province/Region	
	Country	
Residential Address		
Home Telephone No.		
Cell Number		
Email Address (both)		
Employer/ name of company		
Work Telephone		
Position at work		
Profession		

I/We, the undersigned, declare that the information given on this Application for Admission is true and without error. I/We understand that this application will be rejected if it is incomplete or inaccurate in any way. I/we accept the conditions of admission as set out in the School Prospectus and in any other relevant school or Departmental rules or regulations.

SIGNATURE OF LEARNER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF PRIMARY CAREGIVER'S
SPOUSE OR PARTNER

PRINT NAME AND SURNAME

DATE