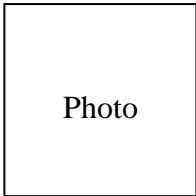


LETLOTLO INTERNATIONAL SCHOOL



Phuleng Ha-Nyenyane
P.O. BOX 770
Maputsoe 350
Leribe 300
Lesotho

Phone: + 266 50713574
E-Mail : ps@letlotlointernationalschool.org



YES	NO
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ADMITTED

APPLICATION FOR ADMISSION 2024

STUDENT NUMBER:

Instructions:

- Complete this form carefully and legibly in blue or blue ink
- An original academic report of the students' previous school **must** be attached to this form.
- Copies of the Parent's/ Guardian's I.D. or passport must be attached to this form.
- Copy of applicant's birth certificate **must** be attached to this form.
- Two passport size photos must accompany this form.
- Must also attach testimonial from previous school.
- **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

GRADE APPLYING FOR: _____

1. NAME _____
Surname First name Middle

2. DATE OF BIRTH _____ Age _____ Place of Birth _____

3. CITIZENSHIP _____ Religion _____ Sex _____

4. Any physical or learning Disability? No Yes (If yes please specify) _____

6. Applicant Lives with Both Parents Grandparents Relative's
 Single Parent Others: Please specify _____

Boarding facility required _____ not required _____

7. SCHOOL ATTENDED:

School Name _____ From _____ To _____

School Name _____ From _____ To _____

8. PARENT/GUARDIAN:

Name _____ Occupation _____ Name of Company _____

Home Address _____

Work Address _____

Cell Phone Number _____ Home Telephone _____

Email Address _____

9. 'NA/I _____ KE LE MOTSOALI/MOHLOKOMELI
OA/PARENT/GUARDIAN OF _____ KE ITLAMA HORE/DO HEREBY
DECLARE THAT:

- a) Ke tla lefella ngoana ka nako/ **I will pay school fees on stipulated time.**
- b) Ke tla etsa bonnete ba hore ngoana o apara seaparo sa sekolo se hloekile kamehla/ I will ensure that my child puts on proper and **clean school uniform.**
- c) Ke tla ba teng liphuthehong tsa sekolo kapa ke romelle motho ea tla nkukela liqeto/ **I will attend parent's meetings** or send a representative that will decide on my behalf.
- d) Ke tla lefa ts'enyoe eohle e tla etsoa ke ngoana oaka sekolong/ **I will pay for all the property damage caused by my child.**
- e) Ke tla ikamahanya le ho ts'ehetsa litlhoko le litsamaiso tsohle tsa sekolo / **I will abide by and support the school policies.**

10. Declaration by parent / guardian

I, _____ Parent / Guardian of _____ declare that the information that I have given in this form is true and complete and that I have not withheld any relevant information.

Name of Parent / Guardian

Signature

Date