



PIONEER ACADEMY SCHOOL ENROLMENT FORM

STUDENT INFORMATION

Surname of Student:

Full Name of Student:

Preferred name:

Date of Birth:

<i>Day</i>	<i>Month</i>	<i>Year</i>
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Nationality as per ID/Passport:

Gender

Male

Female

Previous/Current School

Course Followed At Previous School:

PSLE		CAMBRIDGE PRIMARY	
BGCSE 4 YEAR COURSE		IGCSE 4 YEAR COURSE	
BGCSE 5 YEAR COURSE		IGCSE 5 YEAR COURSE	

Current Grade/Std/Form:

Proposed Date Of Enrolment:

With whom does the applicant live?

Mom & Dad / Mom / Dad / Relative / Guardian



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MEDICAL DETAILS/ EMERGENCIES

Physical Challenges:	
Learning Challenges:	
Illness / Allergies:	

Medical Aid Provider	Medical Aid No	Name of Main Member
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Contact details of persons in case of emergencies. (PLEASE NOTE: A copy of the learner's medical aid card must be added to this application form.)

Person 1:		Cellphone no.:	
Person 2:		Cellphone no.:	

Do you have any objections to your child receiving first-aid treatment in case of an accident or emergency?	Yes	No
Do you have any objections to Pioneer Academy School using photographs, videos, or any other media in which your child may appear for promotional and educational purposes? This may include the school website and social media channels (Facebook, Instagram, Twitter, etc.)	Yes, I am comfortable with my child being featured on Pioneer Academy marketing material	No, I prefer that my child not appear on any marketing material

Has your child ever been identified as having any specific learning needs (is gifted or has a specific learning difficulty)? If yes, please give details below:

Has your child received any specialized support for learning in the past? If yes, please give details below:

Has your child's behavior been identified as a concern at a previous school? If yes, please give details below:



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PARENT / GUARDIAN DETAILS

Primary Parent/Guardian

Father

Mother

Other

Title:

Surname:

Preferred Name:

ID/Passport No:

Nationality:

Telephone No. (H):

Telephone No. (W):

Preferred Contact #
1st Cell Number:

2nd Cell Number:

Email Address:

Postal Address:

Residential Address:

Occupation:

Company/Employer:

Secondary Parent/Guardian

Father

Mother

Other

Title:

Surname:

Preferred Name:

ID/Passport No:

Nationality:

Telephone No. (H):

Telephone No. (W):

Preferred Contact #
1st Cell Number:

2nd Cell Number:

Email Address:

Postal Address:

Residential Address:

Occupation:

Company/Employer:



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FINANCES

Who is responsible for paying the school fees?

Primary Parent/Guardian

Secondary Parent/Guardian

Other (Complete below)

Title:

Surname:

Preferred Name:

Preferred Contact #
1st Cell Number:

2nd Cell Number:

Email Address:

PAYMENT STRUCTURE & POLICY

Payment Options (Please select one):

Monthly
(Due 1st week of every month)

Termly
(Due 1st week of each term)

Yearly
(Due 1st week of February)

ENROLLMENT OPTIONS

Please mark the optional service below, of which you would like to make use of.

School Only

School with Boarding



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INDEMNITY AND WAIVER OF LIABILITY

I/We, the undersigned parent(s)/legal guardian(s) of _____ (full name of child), hereby acknowledge and agree as follows:

1. **Assumption of Risk**

I/We understand that while the school will take all reasonable steps to ensure the safety and well-being of every learner, activities at school and school-related outings may involve certain risks of injury, accident, or illness.

2. **Medical Conditions**

I/We undertake to inform the school in writing of any medical condition, allergy, disability, or other health matter that may affect my/our child's participation in school activities. I/We accept that the school cannot be held liable for any harm arising from a condition that was not disclosed to the school.

3. **Consent to Medical Treatment**

In the event of a medical emergency where I/We cannot be reached, I/We hereby authorise the school to obtain such medical assistance and treatment for my/our child as may be reasonably required, and I/We agree to be responsible for any costs incurred.

4. **Indemnity**

I/We hereby indemnify and hold harmless the school, its Board of Governors, management, teachers, employees, and authorised representatives from any liability, claim, demand, action, or proceedings arising out of:

- Any accident, injury, illness, or loss sustained by my/our child while attending school or participating in any school activity, whether on or off the school premises, except where caused by the proven gross negligence or wilful misconduct of the school or its employees; and
- Any consequence arising from a medical condition, allergy, or disability of my/our child, whether disclosed or undisclosed, save where the school acted with gross negligence.

5. **Acknowledgement**

I/We confirm that I/We have read and understood the terms of this indemnity and that it is binding upon me/us, my/our executors, administrators, and assigns in accordance with the laws of Botswana.

Signature 1 Primary Parent/Guardian

Signature 2 Secondary Parent/Guardian





OVERVIEW

Indicate whether all sections of this application form has been completed and that all necessary supporting documents are attached.

Student Information	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
Medical Details/ Emergencies	<input type="checkbox"/>	ID or Passport	<input type="checkbox"/>
Parent / Guardian Details	<input type="checkbox"/>	Latest School Report	<input type="checkbox"/>
Finances & Payment Structure	<input type="checkbox"/>	Medical Aid Card	<input type="checkbox"/>
Enrolment Option	<input type="checkbox"/>		
Indemnity And Waiver Of Liability	<input type="checkbox"/>		

Any other information the school needs to know about.

DECLARATION

I, Dr/Mr/Mrs/Ms: _____ (full name), being the parent/legal guardian of _____ (full name of child), hereby acknowledge that I have read and understood all the particulars required by this application form and that all information given by me is accurate to the best of my knowledge.

1. Should my child be offered a place, **I agree to be bound by the School's Rules, Regulations and Code of Conduct.**
2. I understand that the registration fee of P2'000.00 payable at the time of application is nonrefundable.
3. An annual development fee of P3,000.00 is payable over 12 months each year.
4. Grade 1 learners must be tested by Pioneer Academy for school readiness
5. Please note that a Student Release Form must be completed should your child/children be absent from school.



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6. IGCSE and AS Cambridge International Exam Fees for Grade 11's and 12's to be paid by parents. The total depends on the number of subjects. (The fees range between P1 500 and P2 000 per subject).
7. I hereby agree that, should this application be successful, and my child is offered a place at Pioneer Academy, **I shall be legally liable for the full payment, as per Pioneer Academy's payment structure of all school fees and levies as stipulated.**
8. I understand and agree that should the school fees not be paid on the due date; **my child will not be allowed to attend the school.**
9. **If this application is successful, I acknowledge that I shall be legally required to give three (3) months' notice, in writing, of my intention to withdraw my child from Pioneer Academy and that, failing to give such notice, I will be legally bound to pay the equivalent of three (3) month's school fees in lieu of notice.**
10. I/We declare the information provided on this application form is true and correct.

Signature 1 Primary Parent/Guardian

Signature 2 Secondary Parent/Guardian

HEAD OF SCHOOL APPROVAL (For Official Use Only)

Approved by Head of School: Yes No

Name: _____

Signature: _____

Date: _____



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