



LIVINGSTONE KOLOBENG COLLEGE

STO Scholarship Application Form [50% OFF]

P.O Box 403388 Gaborone,
Plot 37225, Block 8
Ext 38, Botswana, Gaborone

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Fax: (+267)3161139
Website: www.lkc.ac.bw

Please attach 2
Passport size photos

To be completed by parent/guardian in BLOCK letters, (Please print in black or blue ink) precede.

1. STUDENT DETAILS		Level Applied For & Year to Start: <input type="text"/>	
Surname: <input type="text"/>		Name(s): <input type="text"/>	
Date of Birth: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality: <input type="text"/>	Place of Birth: <input type="text"/>		
Native Language: <input type="text"/>	ID / Passport Number: <input type="text"/>		
Religion: <input type="text"/>	Email / Phone: <input type="text"/>		

2. PARENT (S) DETAILS		Who is responsible for paying fees? Father: <input type="checkbox"/> Mother: <input type="checkbox"/>	
<i>Details for the FATHER:</i>			
Surname: <input type="text"/>		Name(s): <input type="text"/>	
Employer Name: <input type="text"/>		Work Phone: <input type="text"/>	
Occupation & Position Held: <input type="text"/>			
Nationality: <input type="text"/>		ID / Passport Number: <input type="text"/>	
Primary Email Address: <input type="text"/>		Primary Mobile No: <input type="text"/>	
		Home Telephone No: <input type="text"/>	
<i>Details for the MOTHER:</i>			
Surname: <input type="text"/>		Name(s): <input type="text"/>	
Employer Name: <input type="text"/>		Work Phone: <input type="text"/>	
Occupation & Position Held: <input type="text"/>			
Nationality: <input type="text"/>		ID / Passport Number: <input type="text"/>	
Primary Email Address: <input type="text"/>		Primary Mobile No: <input type="text"/>	
		Home Telephone No: <input type="text"/>	

EMERGENCY CONTACT (Name, Email, Mobile)

3. GUARDIAN DETAILS		<i>I am responsible for paying fees?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<i>Details for the Legal GUARDIAN</i>				
Surname:		Name(s):		
Nationality:		ID / Passport Number: <input style="width: 100px; border: 1px solid black; text-align: center; font-size: small; letter-spacing: 0.5em;" type="text"/>		
Residential Address:		Work/Home Contact:		
Primary Email Address:		Primary Mobile No.		
EMERGENCY CONTACT (Name, Email, Mobile)				

4. PREVIOUS SCHOOL HISTORY <i>Under year, please state the period in range format e.g. [2002-2005]</i>			
<i>Last School Attended</i>	<i>Year</i>	<i>Form/Class</i>	<i>Contact</i>
a.			
<i>Other Schools Attended</i>	<i>Year</i>	<i>Form/Class</i>	<i>Contact</i>
a.			
b.			
c.			

5. MEDIACAL HISTORY <i>You may attach any documents that may help the school assist your child.</i>	
Does your child suffer from any condition that could affect his / her schooling? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If YES, please explain:</i> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
In case of medical emergency do you agree that we should move your child to the nearest medical facility at your cost? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If NO, state action to be taken by the School, in case of emergency:</i> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
DOCTOR'S INFORMATION	
Family Doctor's Name:	Contact:
Medical Aid Name & Number:	

6. ADDITIONAL INFORMATION

Do you currently have another child in this institution?

Yes

No

If YES, please provide the following information:

1. 1st Student's Name(s):

Surname:

2. 2nd Student's Name(s):

Surname:

Parent / Guardian's Full Name(s):

Parent / Guardian's Email Address:

7. CHECK LIST

This application form should be submitted together with a non-refundable P300.00 entrance test fee to the bursar between 07:00hrs & 16:30hrs weekdays; and between 08:30hrs & 13:00hrs Saturdays.

Documents Required for Registration

1. Copy of birth certificate/passport/omang.
2. Copy of parents' ID/ passport
3. Copies latest school reports.
4. Transfer letter from last school attended.
5. Form 5 admissions will require last two term's reports.
6. Two passport size photos (color or black and white).
7. Copy of Omang/Passport for parent/guardian

<i>Documents Received Checklist</i>	[✓]Tick
1. Registration Fee Receipt No.	
2. Copies latest school reports	
3. Copy of birth certificate/passport/ID	
4. Passport Size Photos	
5. Development Levy Receipt No.	
6. Omang/Passport for parent/guardian	

CONDITIONS OF ADMISSION

1. The student shall follow all school rules and regulations as laid down in the prospectus and communicated to students and parents from time to time, see student code of conduct document.
2. Students will not be admitted to class unless school fees have been paid. Refer to the School Fees Policy for payment due dates of term's fees.
3. Cheques returned by the bank will incur a handling charge of P300.00.
4. Any outstanding amount of fees after a final dead line incurs a 10% surcharge.
5. A development fee and school fees should be paid on acceptance on admission at this school.
6. A term's written notice is required for your child to withdraw from Livingstone Kolobeng College or a term's School fees in full.
7. On leaving the school, the student is required to complete a clearance form, which should be signed by the School authorities.
8. Parents should come to school when required to discuss their children's progress.
9. Parents will support the school in cases of disciplinary action against their child.
10. I have read the student code of conduct and agree for my child to follow it in full and any amendment made from time to time by the school authorities.
11. Photos taken during the class time and activities can be used for the school advertising.
12. Parent(s)/ Guardian(s) have the responsibility of supervising their student(s)` work at home. They are also expected to attend all parents- teachers' consultations.
13. The school reserves the right to make decision in promoting or retaining a student.

For the Parent / Guardian

I agree that all the information I have entered above is true and correct about my child?

Address of Correspondence: _____

Residential Address: _____

Signature: _____ Date Signed: _____

8. FOR OFFICE USE ONLY

Deputy Principal's Comment

Principal's Comment

Signature: _____

Signature: _____

ACADEMICS OFFICE

Date of Entrance Examination: / /

Was the exam Passed ?

Yes

No

ACCOUNTS OFFICE

Registration Fee Paid: _____

Receipt Number: _____

Date Signed: _____

School Stamp here

Thank You

