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|  | **Sir Harry Johnston International School** | Kalimbuka RoadP.O. Box 52ZombaMalawiTel: 01525280greatlearning@sirharryszomba.com[www.sirharryszomba.com](http://www.sirharryszomba.com)  |

**APPLICATION FOR BOARDING**

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| PASSPORT SIZE PHOTOGRAPH OF CHILD | 🞎**Year 7** 🞎**Year 8** 🞎**Year 9** 🞎**Year 10** 🞎**Year 11**  |
| **Start date:**  |

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| 1. **STUDENT INFORMATION**
 |
| **Full name:** | **Sex:** |
| **Date of birth:**  | **Nationality:** |
| **Religion:** | **Home language:** |
| **Previous schools:** | **Name of brothers/sisters at this school:** |

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| 1. **PARENT/CARER CONTACT INFORMATION**
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| **FIRST CONTACT** | **SECOND CONTACT** |
| **Title:** Dr / Mr / Mrs / Miss/ Ms\* | **Title:** Dr / Mr / Mrs / Miss/ Ms\* |
| **Name:** | **Name:** |
| **Employer:** | **Employer:** |
| **Office Tel:** | **Office Tel:** |
| **Home Tel:** | **Home Tel:** |
| **Mobile:** | **Mobile:** |
| **Email:** | **Email:** |
| **Work address:** | **Work address:** |
| **Residential address:** | **Residential address:** |
| 1. **FURTHER INFORMATION**
 |
| **Why are you applying for a boarding place and what do you hope your child will gain from attending here?** |
| **Has your child:** | **Yes** | **No** | **Additional Information** |
| **Been in boarding before?** |  |  |  |
| **Ever suffered from homesickness?** |  |  |  |
| **Ever suffered from bed wetting?** |  |  |  |
| **Any dietary requirements?** |  |  |  |
| **Other concerns?** |  |  |  |
| **Are there any circumstances in the family, past or present, which might affect your child’s emotional wellbeing, such as illness, bereavement or parental separation?** |

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| 1. **CONSENT:**
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| 1. I agree to my child receiving First Aid by the first aiders employed by the school. I also agree to allow the school to arrange emergency medical, dental or optical treatment for my child if required.
2. I undertake to inform the Head of Boarding of any changes in my child’s medical circumstances.
3. **I confirm that my child is registered with a recognised medical aid scheme in Malawi and accept that I am liable for all costs incurred in relation to medical expenses for my son or daughter.**

**Permission to act ‘in loco parentis’**While my child/children is in the care of Sir Harry Johnston International School and staff who are engaged by the school to care for my child/children, I give any such adult permission to make decisions for and on my behalf in order to preserve the health and well-being of my child. I understand that whilst the school will make every effort to contact me in the instance of such an emergency, that decisions may need to be taken in my absence if I cannot be contacted. I authorise the school and its staff to take any such decisions necessary to ensure the safety and well-being of my son or daughter. I also give my child permission to take part in all boarding activities including those taking place off site.  |

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| 1. **MEDICAL INFORMATION**
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| **It is compulsory for Boarders to have a Medical Cover Scheme, please give details below:** |
| **Medical aid plan:** | **Principle member:** |
| **Scheme type:**  | **Membership no:** | **Suffix:** |

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| 1. **EXEAT – Permission to be released from boarding during weekends and holidays**
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| **Please detail the name, relationship to student, and contact details of all persons for whom you grant permission to sign out your child for exeat. Additions can be made by contacting the Head of Boarding:** |
| **Host name** | **Relationship to student** | **Contact details** |
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| 1. **DECLARATION BY PARENT/CARER:**
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| **The information given is correct to the best of my knowledge. I recognise that the school has a duty of care to my child and to other children at the school. With this duty of care in mind, I have provided all relevant information to enable the school to make an informed decision in response to this application.** |
| **Signed by parent/carer:** | **Date:** |

**PLEASE ENCLOSE A PASSPORT PHOTOGRAPH.**