



Regent Hill International Secondary School

P.O. Box 80513 Gaborone | Plot 26125, Block 9, Gaborone

Tel: 391 9727 | Fax: 391 9729 | Cell: 76 932 236

email: inquiry@regenthillschool.com

web: www.rhis.ac.bw

STUDENT		
Surname:		Gender:
First Names:		
Date of Birth: dd: mm yy	Town/Village:	Country:
Nationality:		
Number of Children in the family:		Position in the family:
Any sibling(s) attending at Regent Hill International School: YES:		NO:
If yes, give name(s):		
Language spoken at home:		
Desired date of entry to RHISS:		Form requesting:
Previous school attended:		
FATHER		
Full Name of Father:		
Postal Address:		
Physical Address:		
Nationality:		
Occupation:		
Cell:	Landline:	Email:
MOTHER:		
Full Name of Mother:		
Postal Address:		
Physical Address:		
Nationality:		
Occupation:		
Cell:	Landline:	Email:

NEXT OF KIN	Full Name:	Cell number:
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Has the child ever been identified as having any special learning needs?

YES NO If yes, please explain.

PLEASE NOTE:

1. It is very important to disclose the student’s history.
2. Completion of this form does not guarantee that a place will be offered.
3. At least one most recent school report or a copy of the PSLE/JCE Certificate must accompany this application. In addition, a passport size photograph and a copy of the student’s Birth Certificate must accompany the completed form
4. **A copy of a Release/Clearance Certificate from the previous school must accompany this application.**

Student’s Allergies, if any: _____

Family Doctor (Name): _____ Landline: _____ Cell: _____

DECLARATION BY PARENT/LEGAL GUARDIAN:

1. I declare that the information furnished on this is correct to the best of my knowledge.
2. I understand that the **P1000 non-refundable Development Levy** serves to confirm my acceptance of a school place. I further acknowledge that the Development Levy is distinct from the Term Fees and that it is **Non-Refundable**.
3. That I have read and fully understood all the terms and conditions elaborated in the School Prospectus.
4. I understand that there is a **P1500.00 non-refundable fee** for Book Levy which is paid during the time of registering my child.
5. **It is my contractual responsibility to pay all school fees on time to ensure that my child is not sent out of class for non-payment of fees.**

SIGNATURE: _____ DATE: _____

(Please tick where appropriate)

FATHER		MOTHER		LEGAL GUARDIAN	
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