



Address: Plot 397 Cassanova Close, Off Kafue Road, Makeni Rd, Lusaka 10100, Zambia

Phone: +260 95 5730037 | Email: Info@lusakaoaktree.school

APPLICATION AND ADMISSION FORM

1. Student: _____
First Name _____ Surname _____

2. Date of Birth (DD.MM.YY): _____

3. Place of Birth: _____
Town / City _____ Country _____

4. Nationality: _____

5. Gender: Male Female

6. Current School
(Where applicable): _____

7. Current Class
(Where applicable): _____

8. Class applied for: _____

9. Expected entry date: _____

10. Expected length of stay: _____

11. Language spoken:
(First language) _____

12. Other languages spoken: _____

13. Residential Address: _____

14. Postal Address: _____

15. Email: _____

16. Parents:	Mother	Father
Name / Firstname:		
Name / Surname		
Nationality:		
Occupation:		
Employer:		
Phone:		
Cell Phone:		
Email:		

17. Other emergency contact: _____

18. School Fees are paid by Parents _____
 Employer Contact Details see below

19. Employer Contact Details:
 Name: _____
 Address: _____
 Contact Person: _____

20. Phone: _____

21. Email: _____

22. Siblings:	Name	Age	School

How did you first hear about the school? _____

Signature: _____ Date: _____

**For Office Use Only
Admissions Office**

Accepted
(Head of School Sign.): _____ Date Accepted: _____

Year Group (at Entrance): _____ D.O.E: _____

Copies of Documentation to be provided from parents

- Birth Certificate / Passport
- Previous Academic Records
- Medical Record
- Immunisation Records
- Study Permit / Receipt (students 7years and above)

Admission Assessment

Date of Assessment: _____ Assessed by (Signature): _____
 Learning Difficulty/ies _____

Assessed by

Assessment report

ACCOUNTS OFFICE (Enrolment Fees and First Term's Invoice Details)

Fee Description	Amount	Invoice No	Date	Receipt No	Date
Registration Fee					
Security Deposit					
Tuition Fees					