



SPRINGFIELDS SECONDARY SCHOOL

59 & 61 Independence Avenue, Lusaka, Zambia
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Email: admin@springfieldszm.org
<https://springfieldseducation.org>
<https://www.facebook.com/springfieldseducation>
<https://thebestofzambia.com/orgs/springfields-school-of-education>

Photo

ENROLMENT FORM

PARTICULARS OF STUDENT

Forename	_____
Surname	_____
Date of Birth (dd/mm/yy)	_____
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	_____
Grade Applied For	_____

PREVIOUS SCHOOL DETAILS:

A. Name	_____
B. Grade	_____
C. Country	_____

Please attach copy of latest school report of the pupil, a latest passport size photograph & transfer certificate.

Medical conditions	_____
Learning disabilities	_____

PARTICULARS OF PARENTS

PARTICULARS	FATHER	MOTHER
Forename		
Surname		
Occupation / Employer		
Mobile No.		
Tel Number (Office)		
Tel Number (Home)		
Residential Address		
E-Mail Address		
Parents' Status:	Citizen <input type="checkbox"/> Employment Permit <input type="checkbox"/> Resident Permit <input type="checkbox"/> Diplomatic <input type="checkbox"/>	
Emergency Contact person's details other than parent's/ guardians	Name	Phone Number
	1.	
	2.	

FEE POLICY

1. School fees not paid by the due date shall attract an administration fee of a **5% late payment fee charged each month or part thereof**. Thereafter the management, without prejudice, shall have the right to restrict/withhold its services including attendance, supply of educational material, reports and any other such measures.
2. Penalty of K 500 to be charged in case of bounced cheques.
3. I/We further consent that in the event that the outstanding debt owed to the school is referred to external collection of agencies. All the cost of collections and recoveries shall be borne by myself/ ourselves and we hereby indemnify the school against all such costs and expenses including (but not limited to) all legal costs incurred by the school for recovery of the same.

FEES ARE PAID ON TERMLY BASIS.

Students for out-going (External Examinations) classes shall clear all payments in one installment at the start of the term.

STAYING WITHIN THE PREMISES DURING BREAK TIME

Pupils are expected to stay within the premises during break time unless arrangements have been made with the office. Pupils shall not be allowed to go out due to reasons of their own safety (traffic etc). I further accept that Springfields Secondary School shall NOT be held liable in any way for his /her safety during his /her stay at the premises.

DECLARATION BY PARENTS / GUARDIAN

If my child is enrolled as a pupil I agree:

- A. To accept full responsibility without reservations, for the payment of the prescribed fees / dues.
- B. To ensure that shall observe and be subject to the rules, dress code and discipline of the School I have received a copy of rules and dress code.
- C. That should any information / details be found to be false or incorrect, the pupil will immediately forfeit his /her place at the School.
- D. Pursuant of my child,, being accepted for admission for studies at Springfields Secondary School, I hereby agree that the head/ representative of the School will limit its attention to my child to First Aid only whilst within the School premises, in case of inherent risks or injuries arising from outdoor or indoor activities. I understand that the School will immediately endeavour to inform me or our doctor as per details below in case of emergency. In the event of my or the doctor's unavailability, I hereby give permission to the head/representative of the School for my child to be treated at the nearest clinic.
- E. Upon my child's wish to discontinue his / her studies at the School. I agree to give prior written notice of thirty (30) days to the Head of School before the end of the running term and clear all his / her dues.
- F. I understand that in an event of my child's fee being unsettled within a maximum of 15 days of the commencement of the term, the School will have the right to exclude him/ her from all the classes and withhold his/her statement of Entry, Results etc. until such a time that the fee is settled.

I, thus, supply the following information for use in any emergency

Name of doctor..... Tel #:

Mobile #:

Signature of parent / guardian Date:/...../.....

Comments by Springfields Secondary School _____

Signature _____ Date _____ / _____ / _____