



JOMA SCHOOL

Plot 103, Palm Drive and 1582W off Palm Drive
Chelston. P.O. BOX 310150 Lusaka, Zambia.
Mobile: Big School +260 979 350 559, Small School +260 955 947 627
e-mail: jomaschool@outlook.com
Facebook: Joma School

Please read the following instructions before filling in admission form.

Use CAPITAL letters

Tick wherever applicable and strike off (e.g. Male/~~Female~~) whichever not applicable. Fields marked * are mandatory

Provide Valid copy of Parent/Guardian's NRC/Passport and Copy of Students birth certificate/record

ENROLLMENT APPLICATION

Application date: / /	Grade applied for:	
1. Student Information		
Surname*:	Forename*:	Other:
Date of Birth* (DD/MM/YYYY):	Gender *: Male / Female	
Place of Birth*:	Nationality*:	
Residential address*:		

2. Existing Parent/Guardian Information		Relation to student *:
Mr./Mrs./Ms.*	Surname*:	Forename*:
Nationality:	ID (NRC/Passport) № *:	
Occupation:	Employer:	
Email *:		
Mobile №*:	Mobile №* 2:	
Home Address *:		

3. Existing Parent/Guardian Information		Relation to student *:
Mr./Mrs./Ms.*	Surname*:	Forename*:
Nationality:	ID (NRC/Passport) *:	
Occupation:	Employer:	
Email*:		
Mobile №*:	Mobile №* 2:	
Home Address *:		

4. Parental status

Both alive Married separated single parent if deceased mother father both

5. Alternative contact if Parent/Guardians are not reachable

Relation to student *:

Mr./Mrs./Ms.*

Surname*:

Forename*:

Nationality:

ID (NRC/Passport)*:

Occupation:

Employer:

Email*:

Mobile №*:

Mobile №* 2:

Home Address *:

6. Information of Siblings currently enrolled in this School (mandatory if student has sibling)

Siblings full name

Grade

Relation

Siblings full name	Grade	Relation

7. Medical information (please tick if applicable)

Tuberculosis Epilepsy Asthma Heart disease Diabetes Major affliction (specify):

Physical restrictions? Yes/No

Blindness Low-vision. Hearing impediment. Speech impediment Walking/mobility impediment

Other (specify):

Mental or behavioural challenges/disorders? Yes/No. If yes, please specify

Immunization (tick if child has received the following immunizations) DTP POLIO MEASLES

8. Past School Information: (Applicable to students who have attended school and are getting re-admitted in this school)

Name of Previous School:

School code:

Last grade attended.

Date of leaving

/ /

Date admitted:

/ /

