

## STUDENT APPLICATION FOR ADMISSION

Name: \_\_\_\_\_; Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_; Age: \_\_\_\_\_; Grade: \_\_\_\_\_

Passport (Country/Number): \_\_\_\_\_/# \_\_\_\_\_ (Attach copy of birth date page)

Parent's Names (Father/Mother): \_\_\_\_\_/\_\_\_\_\_

Siblings (Names/Ages): \_\_\_\_\_/\_\_\_\_\_; \_\_\_\_\_/\_\_\_\_\_;  
\_\_\_\_\_/\_\_\_\_\_; \_\_\_\_\_/\_\_\_\_\_

Address (Maputo): \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Organizational Affiliation : \_\_\_\_\_

Last School Attended by Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_; E-mail/Fax#: \_\_\_\_\_

Address: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Applicant's First Language: \_\_\_\_\_; 2<sup>nd</sup> Language: \_\_\_\_\_; Other: \_\_\_\_\_

Does your children have any learning difficulties? \_\_\_\_\_; If yes, specify: \_\_\_\_\_

How would you rate your child as reader of English?  Excellent;  Good;  Fair;  Poor;  Not Sure

Name of your health clinic in Maputo: \_\_\_\_\_

Clinic contact information (Address/Tel): \_\_\_\_\_

Name of child's doctor/nurse: \_\_\_\_\_

Briefly state why you as parent want your child to be admitted to and attend CAM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any reason your child should not take part in Physical Education classes and/or after school or weekend sports or other activities? \_\_\_\_\_

I understand that the school teaches the Bible and principles of personal faith and agree to be supportive of the total school program, and I hereby affirm the validity of the information I have provided on this application form. Also accept responsibility for the prompt payment of fees and replacement cost of any material damaged or lost by my child. I will also ensure my child's regular and punctual attendance. This form also grants permission for my child to participate in school sponsored field trips and activities, and hold the school and its personal harmless for any accidents experienced therein.

I will make payments :  Annually;  Semi-Annually;  Quarterly;  Monthly;  Other

Signed this \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Printed Full Name)

\_\_\_\_\_  
(Signed)

Please attach copies of the following documents:

1. Report cards for elementary applicants, and transcripts for secondary applicants.
2. Immunization record
3. Passport, Visa