

# LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

Please complete the application form in full and return, along with the following documents to: [info@lusundvu.com](mailto:info@lusundvu.com)

- Copies of two most recent school reports
- Copy of your child's birth certificate (unbridged)
- Copy of ID document/s / passport/s of parent/s or guardian/s
- Photograph of your child
- Copy of your school fee account
- **E200.00 non-refundable registration fee.**



**LUSUNDVU**  
AGRICULTURE ACADEMY

**Office use:**

Please use the following reference when making payment:  
Child's initials and surname, entry grade and entry Year

### Admission policy:

Entry to Lusundvu Agricultural Academy is determined by available of space, Performance in assessments and a successful interview.

**Contact us:** email: [info@lusundvu.com](mailto:info@lusundvu.com) / Cell: 76023980

Tell: (+268) 3560 1322

### How did you hear about Lusundvu Agricultural Academy?

Website  Family  Friend  Media  Other

Application for(tick appropriate block)

Grade 8  Grade 9  Grade 10  Grade 11

### Pupil's Information

Surname		First Name	
Birthdate(yyyy/mm/dd)		Middle Names	
Gender		Home Language	
Entry year		Entry Grade	
Border or day scholar		Special dietary requirement	
Current School		Previous School	
Residential Address			

# LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

<b>Postal Address</b>	P O Box		Citizen/Nationality	
	Town/City		Contry of birth	
	Postal		Contry of Residence	
	Province/Region		Identity Number	
	County		Home Telephone	
Cell Number			Emergency Number	
Religion and denomination, if applicable				

<b>SIBLINGS</b>				
Number of Siblings @ Lusundvu		Position in the family (e.g. First child)		
Sibling Name	School	Relative Name	Relationship	Years Attended

<b>SPORT</b>	
Please Indicate if you have any Preference for a Sports discipline	
Reason for Preference	
The school reserves the right to allocate learners to Sports discipline to ensure a fair distribution of groups	
May the applicant participate in recreational games on Weekends? <i>(circle one)</i>	YES / NO
Particulars of Sporting Ability/Achievements	

# LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

<b>APPLICANT'S MEDICAL INFORMATION</b>			
Medical Aid Name		Medical Aid No	
Medical Aid Main Member		Doctor's Name	
Doctor's Address		Doctor's Telephone No.	
Any special medical needs/requirements			
Has the applicant any physical disabilities and/or allergies? <i>(circle one)</i>	<b>YES / NO</b>	<i>IF YES, PLEASE GIVE DETAILS</i>	
If the applicant is currently suffering from any chronic disease or medical condition which needs monitoring, please give details:			
Counselling Requirements:			
Dexterity Of Learner <i>(underline one)</i>	RIGHT-HANDED	LEFT-HANDED	AMBIDEXTROUS

# LUSUNDVU AGRICULTURAL ACADEMY APPLICATION FORM

<b>Guardian/Parent Information</b>		
<b>Details</b>	<b>First parent/guardian</b>	<b>Second parent/guardian</b>
Surname		
First names (full)		
Initials		
Relationship to child		
Marital Status		
ID No./Passport No.		
Birthdate (YYYY/MM/DD)		
Nationality		
Home Language		
Postal Address	P O Box	
	Town/City	
	Postal Code	
	Province/Region	
	Country	
Residential Address		
Home Telephone No.		
Cell Number		
Email Address (both)		
Employer/ name of company		
Work Telephone		
Position at work		
Profession		

I/We, the undersigned, declare that the information given on this Application for Admission is true and without error. I/We understand that this application will be rejected if it is incomplete or inaccurate in any way. I/we accept the conditions of admission as set out in the School Prospectus and in any other relevant school or Departmental rules or regulations.

\_\_\_\_\_  
SIGNATURE OF LEARNER

\_\_\_\_\_  
PRINT NAME AND SURNAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRIMARY CAREGIVER'S  
SPOUSE OR PARTNER

\_\_\_\_\_  
PRINT NAME AND SURNAME

\_\_\_\_\_  
DATE