



# *Lilima Montessori High Application form*

*P O Box 8832, Mbabane H 100, Swaziland*

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*CELL: 76055189*

Recent passport size  
photograph of your  
child.

# Lilima Montessori High

## ***Admissions policy***

Entry to Lilima Montessori High is determined by the availability of space, performance in the assessment following an interview with the Head of School. All children will be considered regardless of their academic ability.

***How to Apply for a Place*** The first step to apply for a place for your child is to complete the Registration form and return together with:

- Copy of your child's Birth certificate
- Copy of both parents/guardians' ID Documents / Passport
- Id size Photograph of your child
- E 1 000 non-refundable registration fee
- Copies of your child's two most recent school reports

The school will then guide you through the rest of the process.

***Entrance Assessment:*** Entry to the high school program is by assessment and an interview in the year prior to entry. Interviews will be conducted in April and August or by appointment.

If the application is successful, a letter of offer is sent to the parents of the applicant. The acceptance contract initialed and signed and accompanied by the deposit needs to be returned to the school to secure the place being offered.

## ***Application form:***

***Please complete the application form in full and return, along with the following documents:***

- Copy of your child's Birth certificate
- Copy of both parents/guardians' ID Documents / Passport
- Id size -- Photograph of your child
- E 1 000 non-refundable registration fee
- Copies of your child's two most recent school reports

## ***Bank Details:***

Nedbank Swaziland Mbabane Branch Account name: **Lilima Montessori High School**

**Account No: 11990027996    Bank code – 360-164**

**Please mark your reference Lilima enrolment and your child's name**

***Pupil Details:***

Surname		First name	
Initials		Middle name/s	
Birth date d/m/year)		Home language	
Gender		Previous schools	
Current school			
Physical address			
Country of Birth		Nationality	
ID number		Passport No	

***Application information:***

Entry year	
Does your child have any learning difficulties?	
Is your child receiving any therapy?	
Has your child received any previous Montessori education if so when and where?	
Does your child suffer from any medical condition that we should be aware of?	
How did you hear about Lilima Montessori?	

*Assessment and interview dates:* Please indicate your preference

April \_\_\_\_\_ August \_\_\_\_\_

***Guardian/Parental information***

<b><i>Details</i></b>	<b><i>Primary Guardian</i></b>	<b><i>Secondary guardian</i></b>
Title		
Surname		
First name		
Initials		
Relationship to child		

Marital status		
ID/Passport number		
Home language		
Residential address		
Postal address		
Contact telephone		
Contact cell number		
Email address		
Work contact number		
<i>Name of person responsible for fee payment</i>		
<i>Email contact for accounts</i>		
<i>Tel: for fee contact</i>		

We the undersigned would be grateful if the admissions department would process this application for our child to attend Lilima Montessori High. We declare the above information to be correct to the best of our knowledge. We understand that the school may conduct a confidential finance check and/or contact my child's previous school for a reference.

Signed primary guardian \_\_\_\_\_ Date \_\_\_\_\_

Signed secondary guardian \_\_\_\_\_ Date \_\_\_\_\_