



CHM ACADEMY
NO 5 LUNGWEBUNGU RD, RHODESPARK, LUSAKA.
Email: admin@chmacademy.com
Mobile: 097 6135887

APPLICATION FOR ADMISSION

ADMISSION FOR:

GRADE 7 PREP TERM GRADE 7 GRADE 8 GRADE 9

LEARNER'S DETAILS

Proposed Entrance Date:.....

Learner's Surname:.....

Learner's First Name(s):.....

Learner's date of birth: (day/month/year):.....

Learner's Physical Address:.....

Learner's Citizenship:..... Country of birth:.....

Home language:.....

Pupil's Official Parent/Guardian: (Tick where appropriate)

Father Mother Other

DETAILS OF CURRENT/PREVIOUS SCHOOL

Name of previous/current school:.....

Name of Head Teacher:.....

Address & contact details of the current school:.....

Tel:..... Email:.....

FAMILY DETAILS

Is there a sibling at CHM Academy? Yes No

Sibling's Name: _____ Current Grade of sibling _____

Father's Surname: _____ **First Name** _____ **Title:** _____

Occupation: _____

Postal Address: _____ Postal Code: _____

Physical Address: _____

Tel Home: _____ Cell: _____ Business: _____

Fax: _____ Email: _____

Mother's Surname: _____ **First Name:** _____ **Title:** _____

Occupation: _____

Postal Address: _____ Postal Code: _____

Physical Address: _____

Tel Home: _____ Cell: _____ Business: _____

Fax: _____ Email: _____

Medical Ailment of the child if any (by birth or any other chronic diseases/ailments):

.....

Allergies if any:

Precautions to be taken:

Signature of parent/ guardian:

1. _____ Date: _____

NB: Attached to your application, please enclose the following:

1. A copy of the pupil's latest report.
2. A copy of the pupil's birth certificate
3. K300 registration fee

For office use

Admission No:

Fee paid for:

Monthly Termly Yearly Receipt No:

Admission Granted for:

Grade 7 Prep Term	
Grade 7	
Grade 8	
Grade 9	

Year:

Signature 1: Name.....Designation.....Sig:

Signature 2: Name.....Designation.....Sig: