

Admission Application

Lusaka International Community School

242A Kakola Road, Roma
P.O. Box 30528, Lusaka, Zambia

Tel: +260 211 290 626 / 292 447 Fax: +260 211 290 048

E-Mail: info@lics.sch.zm
Website: www.LICS.sch.zm



1. Student:	First Name _____ Family Name _____	For Office Use a. Accepted: _____ b. Year: _____ c. D.O.E: _____ d. Special: _____ e. Adm Ass. _____ f. Registration Fee: <input type="checkbox"/> g. Book Deposit: <input type="checkbox"/> h. Enrolement: <input type="checkbox"/> i. Tuition: <input type="checkbox"/> j. Leaving Date: _____ k. Book Deposit Refund: _____ l. Leaving Certificate <input type="checkbox"/> Required from Parents m. Birth Certificate / Passport: <input type="checkbox"/> n. Previous Academic Records: <input type="checkbox"/> o. Medical Record Form: <input type="checkbox"/> p. Study Permit or Receipt: <input type="checkbox"/>
2. Date of Birth (DD.MM.YY):	_____	
3. Place of Birth:	Town / City _____ Country _____	
4. Nationality:	_____	
5. Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
6. Current School:	_____	
7. Current Grade:	_____	
8. Year applied for:	_____	
9. Expected entry date:	_____	
10. Expected length of stay:	_____	
11. Language spoken: (First language)	_____	
12. Other languages spoken:	_____	
13. Residential Address:	_____	
14. Postal Address:	_____	
15. Tel.-No Home:	_____	
16. Fax-No:	_____	

17. E-Mail: _____

18. Parents:	Father	Mother
Name / Firstname:	_____	_____
Nationality:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Day time contact details:		
Phone:	_____	_____
Cell / Mobile:	_____	_____
E-Mail:	_____	_____

19. Other emergency contact: _____





20. School Fees are paid by Parents
 Employer Contact Details see below

21. Contact Details Employer:

Name: _____

Address: _____

Contact Person: _____

Phone: _____

E-Mail: _____

22. Name of the siblings:

Name	Age	School

23. How did you first hear about the school?

24. Please Note:

The School has, at the present time been able to effect minimal insurance cover for our students with Zambian Insurance Companies. Foreign insurance organizations require extremely high premiums for student cover.

Please be advised that although every care is taken to protect children both on campus and whilst on sponsored off-campus activities, families are advised to make own arrangements in respect of adequate medical/accident insurance for their children.

Signature: _____ Date: _____

Additional Remarks:
