

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 Surname

2. Date of Birth (DD.MM.YY): _____

3. Place of Birth: _____
Town / City Country

4. Nationality: _____

5. Gender: Male Female

6. Current School: _____

7. Current Class: _____

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:

	Mother	Father
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: _____



For Office Use Only

Admissions Office

Accepted
(Principals Signature): _____ Date Accepted: _____

Year Group (at Entrance): _____ D.O.E: _____

Documentation Received from Parents

- Birth Certificate / Passport
- Previous Academic Records
- Medical Record Form
- Immunisation Records
- Study Permit / Receipt

Admission Assessment

Date of Assessment: _____ Assessed by
(Signature): _____

Special Needs: _____ ESL: _____

Additional Comments on Assessment

ACCOUNTS OFFICE (Enrollment Fees and First Terms Invoice Details)

Fee Description	Amount	Invoice No	Date	Receipt No	Date
Application Fee					
Registration Fee					
Assessment Fee					
Enrolment Fee					
Book Deposit					
Tuition Fees					