



ADMISSION APPLICATION FORM

Application for admissions to PRIMARY SECONDARY (*Check applicable*)

This application form must be completed in full and accompanied by:

- Passport or birth certificate copies for the prospective student
- One passport size photograph of the prospective student
- Passport copies for the parents/legal guardians
- Completed confidential medical form (included in the application document)
- A minimum of one full year's most recent school report from the previous school

Primary Applicants

- Developmental Checklist – Reception / Year 1
- Confidential Report - Years 2 – 6

Secondary Applicants

- A completed Head Teacher/Counselor recommendation form from the previous school
- Completed Mathematics and English recommendation forms from the previous school

PARTICULARS OF PROSPECTIVE STUDENT (*Please print*)

Family Name:..... Given Name(s):.....

Date of Birth (DD/MM/YY):..... Sex(M/F):..... Country of Birth :.....

Nationality (passport/birth certificates):..... Religion (*optional*) :

Language(s) used at home:
.....

Tick the box which best describes your child's use of the English language:

Spoken fluently Spoken with difficulty Not spoken

Other schools attended in the last two years:

(*Name of school and Country*)

1) From: To:

2) From: To:

3) From: To:





Requested date of entry into school.....

Requested year group to be admitted to.....

Name (s) and classes of siblings already at BMIS:

.....

.....

CHECKLIST OF NECESSARY DOCUMENTS

School reports attached: YES NO

Student Passport Photo: YES NO

Student Passport | Birth Certificate Copy: YES NO

Parents or Legal Guardians Passport Copies: YES NO

(Please tick – at least one year’s school report is essential)

Has your child ever been identified as having Special Education Needs?

(If “YES”, please give details on a separate sheet of paper) YES NO

For school office use only:

Fee Tier Allocated:

Date of Admission:



PARTICULARS OF PARENTS OR LEGAL GUARDIANS (Please Print)

(Names of both parents/guardians are required for the Board of Trustees electoral roll)

First Name (s) 1st Parent/ Legal Guardian: (Mr/Mrs/Ms):

Family Name:

Nationality: Country of Birth:

Occupation: Employer:

Work Number: Cell: Email Address:

Residential/Employment status if not Malawi citizen:

Permanent Residence Permit Business Residence Permit Temporary Employment Permit

Diplomat International Organization

Other (Please specify):

Will you\Do you pay income tax in Malawi on any portion of your salary? YES NO

First Name (s) 2nd Parent/ Legal Guardian: (Mr/Mrs/Ms):

Family Name:

Nationality: Country of Birth:

Occupation: Employer:

Work Number: Cell: Email Address:

Residential/Employment status if not Malawian citizen:

Permanent Residence Permit Business Residence Permit Temporary Employment Permit

Diplomat International Organization

Other (please specify):.....

Will you\Do you pay income tax in Malawi on any portion of your salary YES NO



Fees will be paid by

Ourselves totally

Employer totally Name of employer

Other (*please specify*)
.....

DECLARATION BY PARENTS/LEGAL GUARDIANS

I/We

being the parents/legal guardians of the above-named prospective student, do hereby accept full responsibility for the payment of school fees for the student, should the application prove successful, at the rate determined by the school and at the time required by the school.

I/We further declare that all the information supplied with this application is correct, and we understand that if material inaccuracies are revealed at a later date, any decision to admit the child will be reviewed by the school.

SIGNATURES: (1st Parent/ Guardian) DATE:

SIGNATURES: (2nd Parent/ Guardian) DATE:



IF THE PERSON COMPLETING THIS FORM IS NOT THE PARENT OR
LEGAL GUARDIAN

(Please Print)

Surname: First name (s):

Occupation or Position:

Relationship to prospective student, parent or legal guardian:

.....

Employer: Position:

Cell: Email Address:

Why is this application not being made by parent or legal guardian

.....

.....

.....

NOTES

1. Admission to the school is only valid after this application form and related documents have been completed and the registration fee and deposit paid.
2. Tuition fees is due no later than ten school days after admission of the successful candidate.
3. The school reserves the right to place any student in the class deemed most appropriate by the relevant Head of school.
4. To gain admission, the candidate must successfully complete and pass the entrance test. In certain cases, parents will be informed that admission is conditional and subject to annual review.
5. Admission will be in accordance with the school's published Admissions Policy, and negotiation will not be entered into.



AGREEMENT BETWEEN BMIS AND PARENT OR LEGAL GUARDIAN

I/We (Full names of parents/legal guardians)

being parents/ guardians of (Full names of child)agree that, if the child named above is admitted as a student of BMIS:

1. General —I agree that:

- a. S/he shall observe and be subject to the regulations, policies, by-laws and discipline of the school as described in the Parent Handbook and Student Planner
b. S/he shall attend all sessions that form part of the school curriculum during school terms. These may include Saturdays, extra sporting days when selected for a school representative team or when selected to participate in cultural events outside normal school hours
c. S/he will arrive punctually for any school day or event and be collected promptly after the event.
d. S/he shall wear the prescribed school uniform in a clean and tidy manner when attending school or school sponsored events. S/he shall not at any time wear the school uniform in part, or in any manner that may bring the uniform into disrepute. S/he shall keep her/his hair trimmed and tidy at all times.

2. Responsibilities - I accept responsibility to:

- a. Ensure payment in advance of all school fees, deposits, levies and extra charges which may fall due, and I understand that failure to pay may result in my child's temporary or permanent exclusion from the school. I understand that the school's annual fees payments are spread across the year for convenience, and during any period of exclusion, invoices shall still be issued.
b. Keep the School informed of any change in address, email address or telephone numbers, either residential or business, this being essential in cases of emergency.
c. Notify the school one calendar month in advance should I intend to withdraw my Child from the school. If and only if such notice is given, any balance of the Deposit will be refunded. Further, if and only if such notice is given, half the term's fees will be refunded if the date of withdrawal is during the first half of the term where school fees have been paid in termly or annually in advance.
d. Notify the school with all details should my child ever be left in the care of-another person while the parents/legal guardians are both absent from home.
e. Attend parent interviews when requested and will, to the best of my ability, meet reasonable requests from teachers to help my child overcome learning difficulties.
f. Act on advice of the Head Teacher regarding any identified need for external professional assessment of my child.
g. Pay all medical and related expenses in the event of accident or serious illness of my child during the official school day, or at such time that the child is participating in school-sponsored activity, and should all attempt to contact the undersigned be unsuccessful, the director of school or his/her representative may seek medical treatment for the child, at his/her discretion.
h. Notify the school immediately of any illness, accident, medical condition or any other circumstance (such as bereavement, family festival or wedding involving travel and/or late nights) that may affect my child's, physical or mental performance.
i. Accept liability for loss or damage to the possessions of the child while s/he is at school or on school-sponsored activities of any nature.

3. Curriculum - I understand that:

- a. BMIS offers a broad inquiry-based curriculum based on the International Baccalaureate Programmes (PYP, MYP, DP) that are underpinned by the IB Learner Profile and attributes.
b. Sports and exercises are valued within the school, promoting individual skills, team sports and a competitive spirit.
c. PE lessons, including swimming are mixed-sex.
d. The curriculum includes elements of dance, singing and self-expression as integral elements of day-to-day learning.
e. The study of Performance Arts may include drawings, representations and sculpting of objects, real or imagined, including still life.
f. The curriculum has a broadly scientific basis and as such models of Darwin's evolution, the development of the earth and stars, volcanoes and tectonic plates will be promoted. Alternative postulates may be discussed within context, but will not be the basis of instruction.
g. The curriculum includes elements of age-appropriate sex education.

Parent / Legal Guardian Signature: Date:



CONFIDENTIAL MEDICAL FORM

1. Student

Date of birth: First name(s): Last name:

Blood group (you are advised to have this tested if not known): Class/form:

2. Contacts in case of medical emergency

Please give all possible numbers for us to try and reach you

1st parent/guardian full name: Cell:

2nd parent/guardian full name: Cell:

Other emergency contacts - Name: Cell:

3. Family medical and emergency arrangements

Doctor: Cell:

Membership of any medical organizations or schemes (e.g. MRS, MASM):

Please give the principal membership name and account number plus any emergency instructions.

In an emergency, we will always try to contact you or, if that fails, your family doctor. We will also attempt to carry out any emergency instructions given by you. If we cannot contact you and cannot for any reason follow your instructions, we will take whatever action we judge to be in the best interest of your child while s/he is in our care, including call-out to MRS. Any charges incurred will be passed on to you.

4. Known health problems

Please list any allergies or medical conditions you are aware of that affect your child.

Allergies and adverse reactions (e.g. to penicillin, insect stings, certain foodstuffs etc.)

Medical conditions (e.g. epilepsy, diabetes, asthma etc.)

Recent serious illnesses, operations or accidents

(Continue on a separate sheet of paper if necessary)



5. Medication

Regular medication, including anti-malarials, taken by your child — if not taken at regular times, please explain when it is taken {e.g. "during an asthma attack"}

Product: Dosage: When taken:

Product: Dosage: When taken:

Is this to be given by the school staff ? Yes No

If so please attach details of what is used and how to administer at school.

No medication will be administered by staff unless provided, with full instructions and permission, by parents/guardians.

6. Eyesight and hearing

Does your child wear glasses ? Yes No

When should they be worn? (E.g. "all the time", "only for reading" etc.)

Does your child have any hearing difficulties? Yes No

Details: _____

7. Vaccination and travel

Different countries have different vaccination schemes. Please give whatever details you can.

Vaccination scheme - which country?

Has your child been vaccinated against COVID 19? Yes No Not fully vaccinated

Please attach a copy of any vaccination records or certificates.

Which countries has your child visited in the past 12 months?

.....



8. Family information

You do not have to give us this information, but if you do it may give us a better understanding of your child's medical history.

Father's nationality: Mother's nationality:

Names and dates of birth of brothers and sisters at BMIS

Name: Date of Birth (DD/MM/YY):.....

Medical history of close family (parents, brothers and sisters)

Do any family members suffer from allergies, asthma, diabetes or hereditary conditions? Give details.

.....

Have any family members recently suffered from serious illness (e.g. tuberculosis)? Give details.

.....

Confidentiality policy

Thank you for taking the time to fill in this form.

The information is and will remain confidential to the relevant School Staff.

Signature and authority to act in emergency

I confirm that the above information is correct as far as I know and, as parent/guardian of the student named at the top of this form, I authorize the School to act as outlined in box 3 above.

Signed: Date:

Full Name: