

**MOUNT SINAI INTERNATIONAL SCHOOL**

Telephone: (265)0211772210 website: www.mountsinaiinternationalschools.com  
Email: mountsinaiinternationalschools@gmail.com

**Application for admission to Middle School.**

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

- Certified passport or birth certificate copies for the prospective student.
- One passport size photograph of the prospective student.
- Certified confidential health questionnaire
- A minimum of one full year's report from the previous school.
- Transfer Letter

Class Applied for..... Date of application .....

**PARTICULARS OF PROSPECTIVE STUDENT (PLEASE PRINT)**

Family name.....Given name(s).....

Date of birth:.....Sex:.....Country of birth.....

Nationality (passport/birth certificate).....Religion.....

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.

1.....from.....to.....

2.....from.....to.....

School report(s) attached: YES Transfer letter(s)  attached YES  NO

(Please tick-at least one year's school report is essential)

Has your child ever been identified as having Special Educational needs?

(If "YES" please give details on a separate sheet of paper) YES  NO

Requested date of entry into school.....

Name(s) of siblings already in this school.....

Registration fee is charged per student.

**For school office use only:**

Fee Tier Allocated:  
Application Form

Date of Admission:  
...../...../20.....

Registration paid MK..... Receipt no.....

Book usage paid MK..... Receipt no.....

Invoice no.....

**MSIS**  
**PARTICULARS OF PARENTS OR LEGAL GUARDIANS (PLEASE PRINT)**

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

Family name.....

**First name(s)Father/1<sup>st</sup> guardian).....Title.....**

Nationality.....Country of Birth.....

Occupation.....Employer.....

Residential/employment status if not Malawi citizen:

PRP  BRP  TEP  Diplomat  International organization

Other (please specify).....

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

**First name(s) (Mother/2<sup>nd</sup> guardian).....Title.....**

Nationality.....Country of Birth.....

Occupation.....Employer.....

Residential/employment status if not Malawi citizen:

PRP  BRP  TEP  Diplomat  International organization

Other (please specify).....

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

**Address and Telephone**

P.O Box..... Residential address (area/plot no.).....

Telephone: home .....Father's work.....Mother's work.....

Other numbers for emergency contact.....

**School fees will be paid by**

Ourselves totally

Employer totally  Name of firm/organization.....

OTHER (Please specify).....

MSIS

DECLARATION BY PARENT/LEGAL GUARDIANS

I/we.....

Being the parent/legal guardian 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 I/we understand that if material inaccuracies are revealed at a later date, any decision to admit the child will be reviewed by the school.

.....  
SIGNATURE (Father or 1<sup>st</sup> guardian)

.....  
SIGNATURE (Mother or 2<sup>nd</sup> guardian)

DATE.....

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

Surname.....First name(s).....

Occupation or position.....

Relationship to prospective student, parent or legal guardian:

.....

Employer:.....Position.....

Postal Address:.....

Telephone:.....

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

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.....

.....

.....



MSIS

**AGREEMENT BETWEEN MSIS AND PARENT OR LEGAL GUARDIAN**

I/we,.....

(Full names of parents/legal guardians)

Being parent(s)/legal guardian(s) of.....

(Full name of child)

Agree that, if the child named above is admitted as a student of MSIS:

1. S/he shall observe and be subject to the regulations, policies, by-laws and discipline of the school.
2. S/he shall attend all sessions required by the school during school terms, including Saturday's, extra sporting days when selected for a school representative team or when selected to participate in cultural events outside normal school hours. S/he will arrive punctually for any school day or event.
3. 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.
4. I have accepted full responsibility for 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.
5. I will keep the school informed of any change in address or telephone numbers, either residential or business, this being essential in cases of emergency.
6. I will 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 withdraw is during the first half of the term.
7. I will 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.
8. I will attend parent interviews when requested and will, do the best of my ability, meet reasonable requests from teachers to help my child overcome learning difficulties.
9. I will act on advice of the Headmaster regarding any identified need for external professional assessment of my child.
10. In the event of accident or serious illness of my child during the official school day, or at such time that the successful candidate is participating in school-sponsored activity, and should at all attempts to contact the undersigned be unsuccessful, the Head teacher of school or his/her representative may seek medical treatment for the child, at his/her complete discretion, and I agree to pay all medical and related expenses.
11. I will notify the school immediately of any illness, accident, medical condition or any other circumstance (such as bereavement) which may affect my child's physical or mental performance.
12. The school cannot acceptability for loss or damage to the possessions of the child while s/he is at school or on school-sponsored activities of any nature.

.....

**SIGNATURE (Father or 1st guardian)**

.....

**SIGNATURE (Mother or 2nd guardian)**

**DATE:** .....

**NOTES:**

1. Admission to the school is only valid after this application form and related documents have been completed, and the registration fee and book usage fee paid.
2. Tuition fees are due on the first day of school. No child will be admitted into class until fees are paid in full.
3. The school reserves the right to place any student in the class deemed most appropriate by the Principal.
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 accordance with the school's published Admissions Policy, and negotiation will not be entered into.
6. Admission to the school must be approved by the Principal.

Mt Sinai International School  
Financial policy (income sources)  
Preamble:

It is important to make sure that an institution is in a healthy financial state to provide an effective service to the community that it serves. In order for an autonomous institution that does not receive external financial support to survive, it is important to have a rigid financial policy. (The income must be equally as well managed as expenses.)

Sources of Income

1. Tuition fees
2. Registration fees
3. Fundraising
4. Retail
5. Rent
6. Donations
7. External Bursaries
8. Transfer fees

1. **Tuition:**

Tuition fees are the main income of Mt Sinai International School. All learners have to pay tuition fees. The school's budget is founded on the number of learners enrolled.

Since tuition fees are the main income and the budget is founded on the number of learners enrolled. Tuition fees are non-negotiable. No one has the authority to give discount on tuition fees.

1.1 **Tuition fee amendments**

Tuition fees are calculated each term according to the local inflation rate.

The school will inform parents, guardians & sponsors of amendments for the following term, in the week that school close for vacations at the end of each term.

1.2 **Tuition fees can be paid in two options. (Annually or per term)**

1.2.1 **Annual tuition fees**

1.2.1.1 Annual tuition fees can be paid on or before the first of September each year. (In the new academic year)

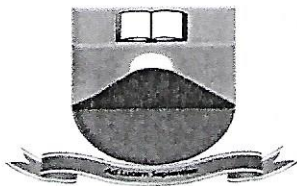
1.2.1.2 This amount is calculated in the following way. (The announced tuition fee For the first term is multiplied by three)

1.2.1 **Tuition fees paid per term**

Tuition fees paid per term must be paid before the first day of the new term. No student will be accepted into class without a valid receipt showing full balance paid.

1.2.2 **Surcharge on Late Payments**

A surcharge of 3 % per month will be added to late payments



# Mount Sinai International School

P.O Box 30023, Capital City, Lilongwe 3, Malawi, Africa

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## SCHOOL MEDICAL FORM (to be filled by the Doctor)

### PERSONAL DETAILS:

FIRST NAME..... LAST NAME.....

ADDRESS.....

Tel H: .....w.....(parent)Mobile.....

### HEALTH CARE DETAILS:

Doctor's Name..... Tel.....

Doctor's Address.....

Doctor's Signature.....Stamp.....

### MEDICAL DETAILS

1. Do you have any allergies .....(yes/no)?.....(Please list them)
2. Do you have any special needs that can affect learning (Yes/No) .....?

.....(explain)

3. PLEASE LIST ANY OTHER MEDICAL CONDITIONS THAT YOU HAVE (For example asthma, diabetes, epilepsy).

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4. PLEASE LIST ANY REGULAR MEDICATIONS YOU REQUIRE.....

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