



INDIAN SCHOOL OF LUSAKA

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561, Independence Avenue,
PO Box 33732,
Lusaka, Zambia

Affix a recent passport size photo here

APPLICATION FORM

STUDENT INFORMATION

Admission required for:

Student's Name

Gender Male Female Date of Birth Age Years Months
Day Month Year

Place of Birth..... City State/Province Nationality.....

Type of residence: Expatriate Permanent Resident Citizen

Previous Schools	From	To	State/Country	System of Education

Special health needs Yes No

If yes, please give brief details and submit doctor's certification
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PARENT'S INFORMATION

	Father	Mother
Name		
Date of Birth		
Nationality		
Qualification		
Occupation		
Organization Name		
Telephone		
Mobile		
Email		

RESIDENTIAL ADDRESS

Mailing Address.....
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State/Province..... Country.....
Telephone..... Mobile.....

GUARDIAN'S INFORMATION

Guardian's Name.....
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Qualification..... Occupation.....
Contact No..... Email.....
Student is living with Both the Parents Father Mother Guardian

DETAILS OF SIBLINGS

Name	Date of Birth	Class	Institution

Please provide the alternate contact name and number, if parents are not reachable in an emergency

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Signature..... Full Name..... Date...../...../.....

Please select the supporting documents that are enclosed with this form:

- Copy of Birth Certificate of the Child
- Copy of Proof of Residence
- Copy of previous report card (where applicable)
- Copy of Medical Certificate of the Child (for children with special needs)
- Transfer Certificate (wherever applicable)
- Copy of Proof of Parent's employment / business
- Copy Under 5 card (where applicable)
- Copy of ID proof of the child