



GOLDEN EAGLES INTERNATIONAL PRIMARY SCHOOL

“NURTURING EAGLETS TO FLY”

Registered and Approved by the Ministry of Education and Training (ESWATINI)

APPLICATION FORM

A separate form must be completed for each applicant to **GOLDEN EAGLES INTERNATIONAL PRIMARY SCHOOL (GEIPS)**. The legal parent/guardian/custodian of the applicant (hereinafter referred to as the “Primary Caregiver”) must complete this form. It is vital that the information is filled in correctly in all respects.

Please note that the completion of this application for admission does not constitute acceptance of such application by GEIPS. Applicants will be advised of the status of their application under separate cover. In all cases, the term “the applicant” refers to the learner seeking enrolment at **GEIPS**. Copies of the applicant’s identity documents (or unabridged birth certificate or passport) and the caregiver’s identity document (or passport) must accompany this form. This is a prerequisite for enrolment at **GEIPS**.

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

Please attach Passport Sized Photo

CURRICULUM	IEB	EPS - LOCAL
SELECT YOUR CHOICE		

APPLICANT’S INFORMATION							
Grade Applying for		Previous Grade		Previous Position		Present Grade	
Surname			Initials	Names			
Date of Birth				Place of Birth	Gender Male Female		
	Year	Month	Date				
Nationality			Country			Country of Residence	
Passport No.				ID No.			
Place of Residence				Region			
Home Telephone Number				Home Cellphone Contact			
Learners Contact				Emergency Contact			
Email Address					Languages		
Academic and Extra Mural Achievement							



GOLDEN EAGLES INTERNATIONAL SCHOOL



+268-78308060

info@goldeneaglesint.net / admissions@goldeneagles.net / www.goldeneaglesint.net

MODE OF TRANSPORT TO AND FROM SCHOOL	HOSTEL	PRIVATE VEHICLE	PUBLIC TRANSPORT	SCHOOL BUS

PREVIOUS SCHOOL INFORMATION			
Name of Previous School		Address of Previous School	
Telephone		Region	

APPLICANTS MEDICAL INFORMATION			
Medical Aid Name:			Medical AID Number:
Medical AID Main Member			Doctor's Name:
Doctor's Address:			Doctor's Contacts:
Has the applicant been vaccinated since infancy?	YES	NO	If NO, please give details of Vaccination missed:
Is the Applicant on Medical Treatment	Yes	No	In case of emergency, what is the first aid treatment?
Any special medical needs/Requirements			
Does the Applicant have any disability or allergies	YES	NO	If Yes, Please give details
Whom to Contact in case of emergency	Name & Surname		Contact Details:
Consent to administer first aid to applicant in case of emergency	YES	NO	If Yes, Append Signature by Parent/Guardian
			Date:

SPORTS			
Please indicate if you have any preference for a sports discipline			
Reason for preference	FAMILY IDEAL FOR IT	FRIENDS IN SPORTS DISCIPLINE	PASSION



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PRIMARY CAREGIVER/PARENT/GUARDIAN 1					
Title		Initials		Gender	M F
Name		Surname			
ID Number					
Relationship with Applicant		Home Language			
Residential Address		Postal Address			
Occupation		Workplace			
Telephone Contact		Cellphone Contact			
Email Address					

PRIMARY CAREGIVER/PARENT/GUARDIAN 2					
Title		Initials		Gender	M F
Name		Surname			
ID Number					
Relationship with Applicant		Home Language			
Residential Address		Postal Address			
Occupation		Workplace			
Telephone Contact		Cellphone Contact			
Email Address					



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THE PERSON RESPONSIBLE FOR PAYMENTS OF TUITION AND OTHER FEES					
Relationship with Learner					
Title		Name		Surname	
ID/Passport Number			Home Language		
Residential Address			Postal Address		
Cell Number			Email Address		

CORRESPONDENCE			
To whom should correspondence be addressed: (Please tick one)	PRIMARY CAREGIVER 1	PRIMARY CAREGIVER 2	SPONSOR

I/We, the undersigned, declare that the information given on this Application for Admission is true and without error. I/We understand that this application will be rejected if it is incomplete or inaccurate in any way. I/we accept the conditions of admission as set out in the School Prospectus and in any other relevant school or Departmental rules or regulations.

SIGNATURE OF LEARNER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF PRIMARY CAREGIVER'S
SPOUSE OR PARTNER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF SPONSOR

PRINT NAME AND SURNAME

DATE

OFFICE USE ONLY					
Application filled completely		Passport Sized Photo Attached		Applicant's Transcript	
Copy of Birth Certificate		Copy of Applicant's Passport/ID		Copy of Guardian/parent Passport/ID	
Testimonial Letter		Application Fee Paid		Status of Application	
Verified By:			Signature & Date		



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