LUSITÂNIA
DA CORAGEM NASCE A SABEDORIA

LUSITÂNIA
PRIMARY SCHOOL
ESCOLA PRIMÁRIA
APPLICATION FORM

THE COMPLETION OF THIS FORM IS NOT A GUARANTEE OF ACCEPTANCE OF THE PUPIL.

GRADE TO BE ENTERED INTO : .................

TERM : .............  \hspace{1cm}  YEAR : .................

Please complete this form and submit same to the school office accompanied by the following:

1. Certified copy of child’s Pre-school report or previous two school reports.
2. Passport size photograph
3. Certified copy of the child’s birth certificate

A. CHILD’S DETAILS

SURNAME : _____________________________  \hspace{1cm}  FORE NAME(S): _____________________________

Date of Birth : ___________________________  \hspace{1cm}  Home Language: ____________________________

Religion: _______________________________  \hspace{1cm}  Denomination: ____________________________

Physical Address : ____________________________

Postal Address ________________________________________________________
B. DETAILS OF FATHER/LEGAL GUARDIAN

Surname: _____________________________  Fore Name(s): _____________________________
Nationality: _____________________________
Home address, if different from A: _____________________________________________________
__________________________________________________________________________________
Occupation: _____________________________  Company Name: _____________________________
Business Address: ____________________________________________________
Tel. No. (Bus): ________________ Home: __________________ Fax: ________________
Cell: _____________________________  E-mail: _____________________________

C. DETAILS OF MOTHER/LEGAL GUARDIAN

Surname: _____________________________  Fore Name(s): _____________________________
Nationality: _____________________________
Home address, if different from A: __________________________________
__________________________________________________________________________________
Occupation: _____________________________  Company Name: _____________________________
Business Address: ____________________________________________________
Tel. No. (Bus): ________________ Home: __________________ Fax: ________________
Cell: _____________________________  E-mail: _____________________________

D. MEDICAL INFORMATION

Name of Family Doctor: _____________________________  Tel. No. _____________________________
Medical Aid Society: _____________________________  Medical Aid No. _____________________________
Allergies: ______________________________________  Diet: _____________________________
Any Other Medical Condition: _________________________________________________________

Dated this _______ day of __________________  20_____

SIGNED: __________________________________________
COMMITMENT STATEMENTS

Vision Statement
“To be THE LUSOPHONIC SCHOOL providing quality education and inter-cultural values to international standards”

Mission Statement
“We give you educational excellence and value for money by teaching and producing well balanced citizens in a professional and world-class learning environment”

CORE VALUES

We live for and practice:
• High Moral / Christian Values
• Educational and Sporting Excellence
• Cultural Diversity and Portuguese Ambience
• Integrity, Discipline and Fairness
• Community and Learning Responsibility
• Good Corporate Standards

Unique Value Proposition
“We teach and produce the best ….. Lusitania”

Motto
DA CORAGEM NASCE A SABEDORIA
meaning
FROM COURAGE KNOWLEDGE IS BORN