

MHLATANE HIGH SCHOOL

P. O. BOX 100 PIGGS PEAK H108, KINGDOM OF ESWATINI
Telephone: (+268) 2437 1236
Email: mhlatane@gmail.com

APPLICATION FOR ADMISSION — Grade 9

Complete in black ink and BLOCK CAPITALS. Return the completed form to the school office.

1. Personal Information

Applicant Details

Nationality *

☐ Liswati

☐ Other

National ID / PIN *

First Name *

Middle Name

Surname *

Date of Birth *

DD / MM / YYYY

Gender *

☐ Male

☐ Female

Contact Details

Phone Number *

Include country code, e.g. +268

Alternative Phone

Include country code, e.g. +268

Email Address *

Please print clearly in CAPITALS

Physical Address

Town

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2. Health Information

Health Information

Health Conditions

Tick all that apply. Leave blank if none apply.

- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Asthma
- ☐ Heart Condition
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Physical Disability
- ☐ Learning Disability

Other Conditions / Allergies / Details

_____

_____

_____

3. Education Background

Education Background

Education History *

List your most recent schooling first. Use one row per subject, repeating the school name.

School / Institution	Qualification	Major / Field of study	Start year	End year	Subject	Grade

☐ Attach a certified copy of the results slip or certificate for each qualification listed. Do not attach original documents.

4. Parent / Guardian Information

Parent / Guardian Information

Title *

- [ ] Mr
- [ ] Miss
- [ ] Ms
- [ ] Mrs

Name *

Surname *

Relationship *

- [ ] Father
- [ ] Mother
- [ ] Guardian
- [ ] Sponsor
- [ ] Other

Phone Number *

Include country code, e.g. +268

WhatsApp Number

Include country code, e.g. +268

Email Address

Please print clearly in CAPITALS

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5. Documents

Documents

Required Documents

Attach a clear photocopy of each item that applies to you. Do not attach original documents.

- [ ] National ID / Birth Certificate *
- [ ] Academic Certificates *
- [ ] Proof of Payment

6. Declarations

Declarations

Applicant Declaration

I declare that I will do my best to obey the institution's rules and regulations. I will respect all staff, fellow students, and members of the community.

☐ I agree to the above declaration.

Applicant signature	Date	Full name (print)

Parent Declaration

I agree that my responsibility is towards the applicant under my care and that I shall guide them throughout their studies. I agree to pay all required fees during the stipulated time and comply with all institutional policies.

☐ I agree to the above declaration.

Parent / Guardian signature	Date	Full name (print)

Declaration Date *

DD / MM / YYYY

Data Processing Consent

I consent to the processing of my personal data for the purpose of evaluating my application. This consent is given in accordance with the Eswatini Data Protection Act, 2022.

☐ I consent to the processing of my personal data as described above. *

Applicant signature	Date	Full name (print)