



# INDIAN SCHOOL OF LUSAKA

CBSE AFFILIATION NO: 6530002

+260 211 256633/+260 960 709033  
www.indianschooloflusaka.com  
info@indianschooloflusaka.com

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..... Nationality.....  
City State/Province

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 .....

### PARENT'S INFORMATION

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

## RESIDENTIAL ADDRESS

Mailing Address.....  
.....

State/Province..... Country.....

Telephone..... Mobile.....

## GUARDIAN'S INFORMATION

Guardian's Name.....  
.....

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

.....  
.....

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