



Oak Hills Academy

"Where Eagles Gather"

P.O BOX 50
Nhlangano, Eswatini
Tel: (+268) 2207 5961

Email: admin@oakhills.ac.sz
Cell: (+268) 76036628/78400599

APPLICATION FOR ADMISSION

Please return this form to Oak Hills Academy with a non-refundable administration fee of E 150.00 and your child's most recent school report.

1. APPLICANT PARTICULARS

Surname:.....

Name(s):.....

Gender:.....

Date of Birth:.....

Pin/I.D no:.....

Nationality:.....

Home Language:.....

Present school:.....

Present grade/form:.....

Proposed year of entry at D.V.A:.....

Proposed grade/form:.....

2. PARTICULARS OF PARENT/GUARDIAN

Marital status:.....

First name(s):.....Last Name.....

Relationship of guardian:.....

Occupation:.....Name of Employer:.....

Work Telephone/Cell:.....

Home Telephone/Cell:.....

Postal Address:.....

Physical Address:.....

E-mail Address:.....Fax No:.....

Physical address:
Latitude/Longitude:

Nhlangano, opp T-Junction Tota Filling Station
-27° 10' 37" S, 31° 20' 15" E



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3.DECLARATION BY PARENT

I (Full name of Parent/Guardian)

.....Understand and agree that if

(Name of pupil):.....

Is admitted as a pupil of Diamond Valley Academy,

- a) She / he will be requested to conform to the rules and regulations of the school.
- b) The Principal in maintaining the discipline of the school, has the right to refuse to allow her/him to return to the school, or to demand her/his immediate withdrawal from the school, or to suspend her/his attendance at the school for the period and / or to request a blood test from a doctor of the school's choice. In such circumstances, I/ We acknowledge that the full fees for the quarter shall nevertheless be payable to the school.
- c) She/he will be subject to any specific requirements as contained in the letter of acceptance.

Physical address:
Latitude/Longitude:

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-27°10 37 51 S, 31°20 15 07 E



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OTHER PARTICULARS OF APPLICANT:

1. DETAILS OF ALLERGIES (e.g. penicillin, Aspirin, Hay fever, Bee stings):

.....

2. DETAILS OF ANY INJURY OR ILLNESS WHICH SHOULD BE BROUGHT TO OUR ATTENTION (e.g. polio, asthma, heart disease, diabetes, operation)

.....

3. DETAILS OF PHYSICAL DISABILITIES (poor hearing, eyesight or speech)

.....

4. HOW DID YOU GET TO KNOW ABOUT THE SCHOOL? (Tick where applicable)

1. Marketing presentations in: Mbabane ☐ Manzini ☐ Nhlangano ☐ (Tick applicable city)

2. Marketing presentations at other places:.....(specify where)

3. Through Newspaper Adverts

4. A friend or Relative

5. Other Medium:.....(Specify)

THANK YOU FOR YOUR INTEREST IN OAK HILLS ACADEMY..!!!

Physical address:
Latitude/Longitude:

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