



Admission Form (Preschool - East Campus)

SECTION A: LEARNER INFORMATION

Full Name of Child: _____

Date of Birth: _____

Gender: Male Female

Nationality: _____

Previous School Attended (if any): _____

Home Language(s): _____

Medical Information

- Medical Conditions / Diagnoses: _____
- Allergies (food, medical, environmental): _____
- Dietary Restrictions or Special Needs: _____
- Medical Aid Provider: _____
- Medical Aid Number: _____

SECTION B: PARENT / GUARDIAN DETAILS

Parent / Guardian 1

- Full Name: _____
- Nationality: _____ ID / Passport Number: _____
- Mobile Number: _____ Email Address: _____
- Address: **Plot No.** _____ **Ward:** _____ **Village/Town:** _____
- **Postal Address:** P.O. Box _____
- **Employer Name:** _____
- **Department / Occupation:** _____
- **Work Telephone:** _____

Parent / Guardian 2

- **Full Name:** _____ **Relationship to Child:** _____
- **Mobile Number:** _____ **Email Address:** _____
- **Address:** **Plot No.** _____ **Ward:** _____ **Village/Town:** _____
- **Employer Name:** _____
- **Department / Occupation:** _____

Emergency Contact (if different from above):

Name: _____ Relationship: _____ Number: _____



SECTION C: PREFERRED DOCTOR DETAILS

- **Doctor's Name:** _____
- **Clinic / Hospital:** _____
- **Location:** _____
- **Contact Number:** _____

SECTION D: EMERGENCY MEDICAL CONSENT

In the event that neither parent/guardian can be reached, I hereby authorize Mustard Seed International School to secure any necessary emergency medical treatment for my child. I understand that I will be responsible for all costs incurred. Every effort will be made to contact the listed guardians before such action is taken.

SECTION E: OPERATING HOURS & LATE COLLECTION POLICY

- Operating Days: **Monday to Friday**
- Operating Hours: **06:30 – 17:00**
- **Late Pickup Penalty:** P100 per 30 minutes after 17:00

SECTION F: UNIFORM POLICY

- All uniforms must be purchased **directly from the school**.
- The prescribed school uniforms include:
 - Summer Uniform
 - Winter Uniform
 - Sports Uniform
- Prices are subject to change based on supplier adjustments.

SECTION G: PAYMENT POLICY & DECLARATION

1. **All school fees must be prepaid**, either:
 - In full at the **start of the term**, or
 - Monthly **before the 5th day** of each month.
2. A **10% monthly interest** will apply to all overdue balances.
3. Non-payment may result in:
 - Suspension of the student;
 - Termination of enrolment;
 - Legal recovery action (at the parent/guardian's cost).
4. Personalized payment plans are available by **prior written agreement**.
5. No child will continue into a new term if fees for the previous term are unpaid.
6. Absenteeism is **not exempt** from fee obligations unless in **approved extenuating circumstances**.



Payment Method Chosen:

Monthly Installments Full Term Payment

Parent/Guardian Name: _____

ID Number: _____

Signature: _____

Date: _____

SECTION H: WITHDRAWAL & ABSENTEEISM POLICY

- Withdrawal must be formalized through a **Withdrawal Form** submitted and acknowledged by school administration.
- Until official withdrawal is submitted, the student is considered **actively enrolled** and subject to fee obligations.
- **Outstanding balances must be cleared** upon withdrawal.
- If the student has been registered for **21 school calendar days or less**, fees are **pro-rated**.
- After **21 calendar school days**, the **full term fee applies**.
- **Absenteeism** (including un-notified days) does **not exempt** fee payment obligations unless due to approved, documented circumstances (e.g. prolonged hospitalization).

SECTION I: REGISTRATION CHECKLIST

- Copy of Child's Birth Certificate
- Copy of Parent/Guardian's ID
- Proof of Payment of Registration Fee
- Signed Admission Form and MOU

FEE STRUCTURE (2025 Academic Year)

Fee Description	Amount (BWP)
Registration Fee (Once-off, Non-refundable)	P200
Development Fee (Once-off)	P450
Term 1 Tuition	P4,100
Term 2 Tuition	P4,100
Term 3 Tuition	P4,270 (Non-Grad) / P4,570 (Grad)
Extracurricular Fee	Based on activities, billed termly



MEMORANDUM OF UNDERSTANDING (MOU)

This is a legal agreement between **Honey Pot Pty Ltd**, trading as **Mustard Seed International School** ("the School"), and the undersigned parent/guardian ("the Client").

1. Payment Terms

All payments must be made through:

- Cash or card at the school;
- EFT to:
Bank: FNB Palapye
Branch Code: 283167
Account No.: 62024895693

2. Liability

- The Client is **jointly and severally liable** for all fees and costs.
- The School will not be held responsible for loss, injury, or damage incurred during school hours despite reasonable precautions.

3. Default & Recovery

- The School reserves the right to suspend services, terminate enrolment, and/or take legal action to recover unpaid fees.
- All legal costs will be borne by the Client.
- A **10% monthly interest** applies to overdue fees.
- A **10% collection commission** applies on any externally recovered amount.

4. Fee Adjustments

- The School reserves the right to increase term fees annually by **up to 22.2%**, subject to operational reviews.

5. Extra Activities

- **All extracurricular activities** (sports days, trips, parties, graduation, etc.) are compulsory unless otherwise stated and billed separately.

6. Code of Conduct

- The student and parent/guardian agree to abide by all school rules and regulations.



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Pre school (East campus in ext 5 Plot 3568) | **Primary school** (West campus along A1 between lotsane junction mall and Riverview)

SOCIAL MEDIA CONSENT

I DO GRANT permission to use my child's images for school-related publications or social media.

INDEMNITY CLAUSE

While the School takes all necessary precautions to ensure a safe environment, the parent/guardian agrees that the School shall not be held liable for any loss, damage, or injury arising from natural or unnatural causes (including pandemics or travel-related accidents).

DECLARATION

I the undersigned confirm that the above terms have been read, understood and binding to me.

Signed at Palapye this _____ day of _____ 20____

Parent/Guardian Full Name: _____

Signature: _____

Registered By (Staff Name): _____

Signature: _____

Date: _____