



APPLICATION FORM

LKM VOCATIONAL CENTRE

Tel: 3190169 Cell: 72132371

• Physical Address Plot no –786, Independence Avenue, Main Mall, Gaborone

• Postal Address: P.O.Box 201095, Gaborone

• Email Address: enquiry@lkm.co.bw

Website: www.lkm.co.bw

ABMA .MIZ.APZ.MCI .MCL .EBA .SDLIUG &YTIC - NAMTIP - Non refundable registration fee –P 100

APPLICATION DETAILS

Surname: _____ Other Names: _____

Date of Birth : _____ Village / Town of Birth: _____ Ward: _____

Residential Address: _____

Postal Address: _____

Tel: _____ Cell: _____ Email: _____

District : _____

Nationality: _____ Omang / Passport No: _____

Next of Kin : _____ Contact Details : _____

Employer Details

Name: _____

Address : _____

Course Details

Course Enrolled for : _____ Day /Evening/Weekend/ Distance

Course duration : _____

Fee Details:

Deposit _____ Date : _____ Receipt No.: _____

I DECLARE THAT:

1. I shall attend lessons as per arrangement with the school and I shall sit for my examinations on completion of study period or when ready and any extra lessons attended after the elapse of the agreed duration shall be payable to the school
2. Failure to attend lessons shall lead to delays in sitting for examinations for which the school shall not be held liable.
3. ALL EXTERNAL EXAMINATION FEES ARE PAID SEPARATELY AND CANNOT BE STIPULATED AS FIXED AMOUNTS DUE TO FLUCTUATION OF EXCHANGE OF RATES. FIND MORE DETAILS UPON ENROLMENT.
4. I shall pay my course fees in advance on or before the 30th of every month; Failure to do so will result in a penalty / late fee of P10.00 per day.
5. No amount of fees already paid shall be refundable, unless LKM VOCATIONAL CENTRE decides to cancel the course.
6. A student who enrolls for a course shall be obliged to complete his or her studies in the course. Withdrawal from the course shall not render unplayable the outstanding balance for the course student enrolled for. A person who enrolls for a course shall be bond to pay the entire course fees regardless of whether they as an after thought or otherwise decide to withdraw from the course.
7. Ask for the receipt for any payment you make. The management will not be responsible for any payment without the receipt.

I HAVE READ AND UNDERSTOOD THE ABOVE TERMS, AND I HEREBY AGREE TO ABIDE BY THEM.

Signature of student or guardian

Date

Date of Admission

Principal's Signature

