



REPUBLIC OF BOTSWANA

**REGISTRATION FORM FOR
GOVERNMENT SCHOOLS ONLY**

For Local Education Authority

1. District / Town / City: -----
Date Received: -----
Name of the receiving Officer: -----
Signature: -----
Date Dispatched: -----
Name of dispatching Officer: -----
Signature: -----

Official stamp

For Ministry of Education and Skills Development

2. Date Received: -----
Name of receiving Officer: -----
Signature: -----
Date Dispatched to AG Chambers: -----
Name of dispatching Officer: -----
Signature: -----

Official stamp

1. Name and address of School -----

2. If the school has been registered previously, state the registration number: -----

3. Give the name and address of

a) The owner of the school :-----

4. Location of school

a) District : -----

b) Sub – District : -----

c) Town or City / Village : -----

d) Region(Education):------

e) Ward / Location: -----

f) Address: ----- Telephone: -----

g) Name of nearest school of the same classification:-----

h) Distance from this school: -----

5. Give details of the school buildings as follows:

a) Classrooms

| No. of classrooms | Size <i>(give the length and breadth of each room)</i> | No. of Pupil's Furniture <i>(Give the no .of sets in relation to the design and material)</i> | Type of walls <i>(State whether they are of bricks, clay or wood)</i> | Type of roof <i>(State whether slate, iron, asbestos or thatch)</i> |
|--------------------------|--|---|---|---|
| | | | | |

b) Availability of special rooms, e.g. laboratories *(for secondary specify laboratories by subjects)*

| Type of room | Number |
|---------------------|---------------|
| | |
| | |
| | |
| | |

c) Is water available (tick the appropriate)

i) Yes No

ii) Type of water supply: 1) taps 2) stand pipe

Other (specify): -----

iii) If No, State how water is provided.

d) Is electricity available (tick the appropriate)

i) Yes No

e) Toilets

| | Pitlatrines | | Water Closets | |
|-----------------------------|-------------|--------|---------------|--------|
| | Male | Female | Male | Female |
| Students | | | | |
| Students with special needs | | | | |
| Teachers | | | | |

f) No. of staff quarters(No of bedrooms): -----

6. Classification sought (Multi grade, One or two teacher school, Primary 1-7, Junior secondary, Senior secondary): -----

ii) Boarding or non Boarding school): -----

7. Give the number of streams in each standard:

Primary

| Std 1 | Std 2 | Std 3 | Std 4 | Std 5 | Std 6 | Std 7 |
|-------|-------|-------|-------|-------|-------|-------|
| | | | | | | |

Secondary

| Form 1 | Form 2 | Form 3 | Form 4 | Form 5 |
|--------|--------|--------|--------|--------|
| | | | | |

8. Give the maximum class size (*number of students in a class*): -----

9. State the number of teachers to be employed: -----

10. State the maximum number of pupils / students to be admitted: -----