

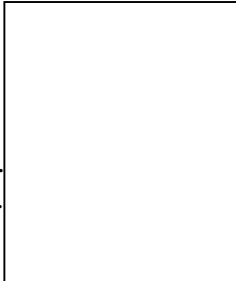


AMAI MUGABE JUNIOR SCHOOL

Application No.....

Attach Passport Photo

ENROLMENT FORM



1. PERSONAL DETAILS

Name of child.....D.O.B.....
 Sex:.....B/C No.....H/Tel.....
 Grade Applied for.....Year.....
 Previous School attended.....Tel/No.....
 Last Grade.....

2. PARENTS/GUARDIAN'S DETAILS

Name of Father.....Occupation.....Cell.....
 Name of Mother.....Occupation.....Cell.....
 Name of Guardian.....Occupation.....Cell.....
 Person responsible for fees.....
 a) Residential Address (Enclose proof of residence) b) Business Address

 a) Phone..... b) Phone.....
 Email.....

3. RELIGIOUS INFORMATION

Religion..... Pastor.....
 Denomination..... Tel/No.....
 a) Does the child have any learning difficulties? If any state them

 b) Does the child have any allergies?

 c) Are there any siblings in the school? If any list them

CONTRACT

This contract between I.....and Amai Mugabe Junior School is undertaken on the grounds that, I will fully consent myself to the rules, codes and regulations of the school. I shall also be responsible for the payment of fees set by the school and these shall be adjusted accordingly depending on the prevailing situation at that particular time.

INDEMNITY

I.....being the parent/guardian of.....
 In this form give my consent should this application be successful and the applicant is awarded a place at Amai Mugabe Junior School for the applicant to attend any visits, sporting fixtures arranged by the school.

I hereby indemnify Amai Mugabe Junior School authorities, its employees and transporters as the Ministry of Education and Government of Zimbabwe against any liability for loss or injury may occur as follows:

- a) On visits or tours
- b) At any external venue arranged by extracurricular activities
- c) In transit to and from external venues

Further, I authorize Amai Mugabe Junior School employee in authority at the time, to act in 'Loco Parentis' and empower him/her to authorize any medical consolation that he/she sees necessary for the welfare of my son/daughter.

I agree that where such medical consultation or treatment is undertaken, I will be responsible for the costs (where these are not covered by medical insurance) give permission to employees authorized by the school Head to administer to my son/daughter mild pain killers e.g. aspirin or paracetamol) and tropical antiseptic creams/liquids as well as any dressing deemed necessary that the medication which my child is allergic to.

- 1.
- 2.
- 3.
- 4.

Name of Parent/Guardian.....

Relationship to applicant.....

Signature of Parent/Guardian.....

Date:.....

PARENT/GUARDIAN

The following documents should accompany this form: certified copies

- 1. Birth Certificate
- 2. Last school report
- 3. Diagnostic report for Grade 0 (CED) for grade 1 entrance
- 4. Immunization card for Grade 0 (ECD)
- 5. Proof of residence
- 6. 2 Passport size photos

PLEASE NOTE

Parents are expected to be actively in the education of their children.

For Official Use.

This application has been ***Approved/not been approved.**

Date Stamp

School Head:.....

Signature:.....

