EAGLESVALE SENIOR SCHOOL - STUDENT APPLICATION FORM

EAGLESVALE
DIENS
DIENS

For	Office	Use
FOr	Office	Use

	_	
SERIAL NO:		
RECEIPT NO:		
CHECKED BY: Print Name		SCHO
SIGNATURE:		
DATE:		

SCHOOL DATE STAMP	

A US\$50 administration fee is charged. This form must be accompanied by copies of: both parent's ID's, a current pay slip, 3-month Bank Statement, Child's Birth Certificate (certified), most recent School Report. Also required are proof of employment, residence and guardianship (if applicable).

Application Forms will not be processed without these documents or proof of payment. Copies are not returnable. Should the child be accepted for a place at Eaglesvale it is incumbent upon the Parent/s/Guardian/s to familiarize themselves with Terms and Conditions and Codes of Conduct, which can be downloaded from www.eaglesvale.ac.zw CHILD'S DETAILS PLEASE PRINT CLEARLY

Surname				First Na	ime	
Date of Birth			as on Birth Certificate	Tick	1	
				Male	OR	Female
Country of Bi	rth			Nationality	1	L
· ·]	· · ·		
	Form		-	Month & Year o	of Entry	
		1				
Proposed						
	<u> </u>	1				
Tick	Border	OR	Day Scholar			
Present / Las	t School attende	d	Contact Number of School	Date left (if app	licable)	
Religion				Home Language	of Child	
]			
Dotails of any	/ known Medical	Condition or A	llorgios			
Details of any	KIOWII Weulcai	Condition of A				
SIBLINGS WHO HAVE OR ARE ATTENDING EAGLESVALE						
Name			Relationship to Pupil	Form/G	irade (Presen	t/Final Year)

DETAILS OF PARENT/S / LEGAL GUARDIAN (delete inapplicable)

FATHER				MOTHER		
Title	SURNAME			Title	SURNAME	
Father's First N	lame	ID NO		Mother's First	Name	ID NO
Fother's Deside	ntial Addra				hontial Address	(if different)
Father's Reside	ential Addre	55		wother's Resid	dential Address	(if different)
Father's conta	ct details	PLEASE PRINT CLEAR	LY	Mother's cont	act details	PLEASE PRINT CLEARLY
Email address				Email address		
Father's phone Include area co		Hararo		Mother's phor	ne numbers odes if out of Ha	rare
Home Phone		Mobile No		Home Phone		Mobile No
Father's Occup	ation			Mother's Occu	pation	
Name and Add	Iress of Emp	loyer (Father)		Name and Add	dress of Employe	er Mother
ACKNOWL	FDGMENT	-				
AGRITONE						
I, (full name) _				be	eing the Parent /	Legal Guardian of
					(delete	inapplicable)
(full name)					. do hereby ack	nowledge that the
		accurate and that the c				
I understand t	hat should a	ny of the details above b	e falsely rec	orded that this	may result in the	e application
being rejected						
		ptance is dependent on				
		f the prospective studer tive will also be required		r parents/guard	aans and the SCr	ioui nead or nis/
_	-	-				
Signea on this	Day	/ of	20			

Signature of Parent / Legal Guardian