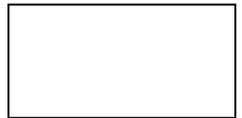




# Dominican Convent High School

## REGISTRATION FORM



Email Address: admin@dominicanbyo.co.zw

Application for admission can be made by completing this Form and returning it with **copy of birth certificate.**  
**ACCEPTANCE OF THE FORM DOES NOT NECESSARILY GUARANTEE THERE WILL BE A PLACE.**

Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made.

*A copy of the child's Birth Certificate, Current School Report and Baptism Certificate (if Catholic) must be attached*

PLEASE USE BLOCK CAPITALS AND BLACK / BLUE INK THROUGHOUT

Form/Place required: \_\_\_\_\_ Date: Term/Year required \_\_\_\_\_

### **A: PARTICULARS OF APPLICANT**

Child's Surname \_\_\_\_\_

Forenames \_\_\_\_\_ Denomination \_\_\_\_\_

Permanent Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Present School: \_\_\_\_\_ Present Form/Class \_\_\_\_\_

Present School Address & Tel No: \_\_\_\_\_

### **B: DETAILS OF PARENT/S**

**Father's Name** \_\_\_\_\_ **Denomination** \_\_\_\_\_

Father's I.D Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Bus Tel No. \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Denomination** \_\_\_\_\_

Mother's I.D Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Bus Tel No. \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parent please tick:

Single

Married

Divorced

Widowed

With whom does the applicant reside? \_\_\_\_\_

**C: DETAILS OF GUARDIAN**

Guardian's First Name: \_\_\_\_\_ Guardian's Surname \_\_\_\_\_

Guardian's I.D Number: \_\_\_\_\_

Guardian's Residential Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell No. \_\_\_\_\_ Email Add: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status of Guardian:

Single

Married

Divorced

Widowed

Relationship of Guardian to Applicant: \_\_\_\_\_

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Please mention the names of any other members of the family attending or registered at either the school or any other connection with the school:

1. \_\_\_\_\_

2. \_\_\_\_\_

Please state how you first heard of the School.

Local Reputation

Present School

Friends

Other (Please give Details)

**Declaration**

We request that the name of the child's name overleaf be registered as a prospective pupil. We understand that the standard Terms and Conditions of the School will undergo changes from time to time as circumstances require and will apply in all our dealings with the School and that we will be subject to any changed Terms and Conditions.

**This declaration must be signed individually by all persons who have parental responsibility**

First Signature \_\_\_\_\_ Second Signature \_\_\_\_\_

Name in Full \_\_\_\_\_ Name in Full \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

REPORT ON \_\_\_\_\_  
BY THE PRINCIPAL OF THE LAST SCHOOL ATTENDED

Form: \_\_\_\_\_

General Academic Ability \_\_\_\_\_

English \_\_\_\_\_

Mathematics \_\_\_\_\_

Do you consider her capable of passing G.C.E 'O' Level Examination? \_\_\_\_\_

Position in Class \_\_\_\_\_ Number in Class \_\_\_\_\_

Conduct \_\_\_\_\_

Application \_\_\_\_\_

Any outstanding school fees, textbooks etc \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

School Stamp



Thank you for completing this report which, if you prefer, may be sent direct to

The Headmistress,  
Dominican Convent High School  
P.O.Box 530  
BULAWAYO

**NB: COMPLETED FORMS MUST BE RETURNED AS SOON AS POSSIBLE**