



TYNWALD PRIMARY SCHOOL

STAND 6221, WESTLEA, HARARE

P.O BOX 3928. HARARE, Tel: 263-775 458 530 Head 0781 167 525

Email: info@tynwaldprimary.ac.zw

APPLICATION FORM

Student

Student ID Leave blank _____ National ID # _____ First Name _____ Surname _____

Date of birth _____ Birth Entry No _____ Gender _____ Male Female

Passport No _____ Race _____ Total number of children in Family _____ Position in Family _____

Address _____

Grade Applied For _____ Year Enrolled _____ Main Home Language _____

Denomination _____ Name of Pastor _____

Parent

Father's Name _____ Father's Phone _____

Father's Profession _____ Father's Company _____

Mother's Name _____ Mother's Phone _____

Mother's Profession _____ Mother's Company _____

Parent's Contact Email _____

Family Doctor _____ Doctor's Phone _____

Parental Status 01 Both Parents Alive, 02 Both Parents Late, 03 Mother Alive Father Late, 04 Father Alive Mother Late

Guardian Details

Name _____ Profession _____

Phone _____ Email _____

Student's relationship with Guardian _____

Family's Next of Kin

Name and Surname _____ Profession _____

Phone _____ Email _____

Other Student

Main Sport Student is interested in _____ Sports (Leave blank) _____

House _____

Career Aspirations _____ Special Diet Requirements _____

Allergies _____ Special Medical Requirements _____

Blood Group _____ Disabilitie _____ Has Medical Aid? **Yes** **No**

s _____

Medical Aid No _____ Student's Phone No _____ Student's Email _____

FOR OFFICIAL

1. DOCUMENTS
ATTACHED

2. INTERVIEW
RESULTS

3. DEPOSIT PAID

4. HEAD'S SIGNATURE _____

DATE _____