



B AND P STUDY CENTRE



19512 New Zengeza 4

P.O. Box260

Chitungwiza

TEL: (0242) 127108

Cell: 0775110910

0771823418

NEW ADMISSION FORM

SECTION A: to be completed by pupil/guardian/parent.

LEARNER'S DETAILS

- a) SURNAME _____ FORENAME (S) _____
- b) (i) DOB _____
- (ii) SEX _____
- (iii) BIRTH ENTRY NUMBER _____
- (iv) PLACE OF BIRTH _____
- c) GRADE / FORM ENROLLING INTO _____
- d) NAME OF PREVIOUS SCHOOL _____
- e) AREAS OF STRENGTH _____
- f) (i) ALLERGIES _____
- (ii) EXPLAIN IF THE ABOVE STATED CONDITION CAN HINDER YOUR PARTICIPATION IN SPORTING ACTIVITIES _____
- g) RELIGION _____

NB: WILL RELIGION OR DENOMINATION AFFECT ATTENDANCE IN SCHOOL? IF YES, SPECIFY _____

SECTION B: TO BE COMPLETED BY PARENTS AND GUARDIAN

FATHER

- | | |
|--------------------|--------------------|
| a) SURNAME _____ | FORENAME (S) _____ |
| b) ID NUMBER _____ | PHONE NO. _____ |

MOTHER

- | | |
|--------------------|--------------------|
| a) SURNAME _____ | FORENAME (S) _____ |
| b) ID NUMBER _____ | PHONE NO. _____ |

GUARDIAN

- | | |
|--------------------|--------------------|
| a) SURNAME _____ | FORENAME (S) _____ |
| b) ID NUMBER _____ | PHONE NO. _____ |

(i) PHYSICAL ADDRESS: _____

Tick on the appropriate

OWNED

☐

RENT

☐

LEASE

☐

(ii) CELL NUMBER _____

(iii) EMAIL ADDRESS _____

c) RELATIONSHIP WITH PUPIL _____

d) PROFESSION _____

e) EMPLOYMENT STATUS _____

f) LEVEL OF EDUCATION _____

g) PROPERTY OWNED ITEM VALUE IN US DOLLARS

	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

h) INVESTMENT PROJECTS.

j. DO YOU HAVE ANY CHILD ALREADY STUDYING WITH B AND P STUDY CENTRE? IF YES, INDICATE THE YEAR WHICH SHE/HE JOINED US _____

k. GIVE NAMES AND DETAILS OF THREE OTHER PEOPLE TO RECEIVE DOCUMENTS FROM SCHOOL, ATTEND CONSULTATIONS, COLLECT LEARNER FROM SCHOOL, PAY VISITS TO THE LEARNER, AND ATTEND SPEECH AND PRIZE GIVING DAYS AND ANY OTHER RELATED ISSUES.

1. FULL NAME _____ ID NUMBER _____ CELL NUMBER _____

2. FULL NAME _____ ID NUMBER _____ CELL NUMBER _____

3. FULL NAME _____ ID NUMBER _____ CELL NUMBER _____

SECTION C: TO BE COMPLETED BY PARENT/GUARDIAN

SCHOOL POLICIES AND ETHICAL CONDUCT

The school strictly offers places to those pupils whose parents/ guardians fully abide by the school's policies and also adhere to the school's ethical code of conduct.

Failure to abide by these will result in the school taking any necessary measures as it may deem to control any malpractice that may negatively affect the school's day-to-day operations. I do hereby declare that;

1. I shall make my payments as prescribed by the school.
2. Failure to meet due dates will make me liable for any legal actions. Should I fail to pay school fees as per school policy, I authorize the school to take legal action as deemed necessary. I also consent to

being personally sued or the attachment of my personal property with guidance from legal authorities and statutes within our country, Zimbabwe.

3. I will not hold the school liable for any unexpected/unforeseen situation/circumstances in which my Daughter /Son may be involved during his/her stay. Notwithstanding the above provisions, the school is going to take all reasonable and practicable precautions to ensure the safety of the said student during the period they will be enrolled in the school.
4. Should my child be found wanting by not following school rules and regulations, he/she shall be treated equally as any other child. In the event of such cases not well resolved, I shall attend the call from school authorities.
5. The involvement of my child in any form of indiscipline, vandalism and hooliganism will certainly have my child face disciplinary action from the school authorities and I will repair, pay or replace the loss or damaged school property.
6. All fees, including registration and library levy are **Non Refundable**. A child will be required to attend school for the period paid for in line with planning already put in place.

SECTION D - TO BE COMPLETED BY PARENT/GUARDIAN IN PRESENCE OF WITNESS AND HEAD.

I/ WE, FATHER ☐ MOTHER ☐ GUARDIAN ☐ BEING THE PARENT/GUARDIAN OF _____ DO HEREBY SOLEMNLY DECLARE THAT ALL INFORMATION SUPPLIED ABOVE IS TRUE AND AUTHENTIC TO THE BEST OF MY KNOWLEDGE:

AGREED ☐

DISAGREED ☐

CELL NUMBER _____

DECLARATION BY PARENT/GUARDIAN

I _____ have read and understood the school rules and regulations and I declare that the information that I have put on this form is true and to the best of my knowledge.

FATHER'S SIGNATURE _____

DATE _____

MOTHER'S SIGNATURE _____

DATE _____

GUARDIAN'S SIGNATURE _____

DATE _____

WITNESS'S SIGNATURE _____

DATE _____

PRINCIPAL 'S SIGNATURE _____

DATE _____

CHIEF ADMINISTRATOR'S SIGNATURE _____

DATE _____

ATTACH THE FOLLOWING DOCUMENTS

BIRTH CERTIFICATE (copy)

RESULT SLIP (copy)

SCHOOL REPORT BOOK

RECOMMENDATION LETTERS.

ANY OTHER SUPPORTING DOCUMENTS.

APPLICATION FORMS TO BE SUBMITTED WITHIN THREE DAYS AFTER COLLECTION.

NB: FORMS CAN BE DOWNLOADED, ON THE SCHOOL'S WEBSITE.