

## PLEASE NOTE:

**Private accommodation** : Pupils must live in College-approved accommodation unless the Principal agrees appropriate alternative arrangements with parents in writing. Permission to live in private accommodation will not normally be given unless a pupil is living with a parent or a guardian, or there are exceptional reasons that merit it. Pupils who want to transfer from College-approved accommodation to private accommodation must give one term's notice in advance.

Should this application be successful the applicant undertakes to comply with the rules and regulations, as set out below, including the rule that a term's notice of withdrawal be given or else the equivalent fees paid.

Once a position is offered, an entrance fee will be required.

## DECLARATION

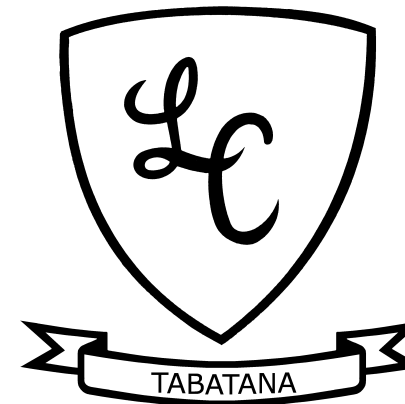
I, \_\_\_\_\_  
(Name in block letters)

- a) agree that he/she will attend school punctually whenever required to do so.
- b) agree that he/she will observe and be subject to all the regulations, rules and discipline of the school.
- c) agree that he/she will take part in such sports and activities as may be arranged by the school for him/her.
- d) agree that he/she will be exposed to Christian foundation in faith and practice and will have to attend Church services as and when timetabled.
- e) agree that he/she will be provided with and will wear the correct school and sporting uniforms. If your child does not have the correct uniform then the school will purchase it on your behalf and the charge will go to your account.
- f) Nominate Dr. \_\_\_\_\_ Of \_\_\_\_\_  
Telephone \_\_\_\_\_ to attend the child in case of illness/ injury at the school if the Head of the School is unable to contact me. I agree that if the medical practitioner named is available, the Head of the School may act in his own discretion on my behalf. I agree to pay all medical fees and expenses incurred by the Head of the school on my behalf in respect of the child.
- g) accept full responsibility for payment of all School Fees and levies as set out from time to time by the Governing body and agree that these are payable in advance or on the first day of each term.
- h) undertake to give a term's written notice of withdrawing my child from the school or forfeit one term's fees in lieu of notice.
- i) declare that the information given by me on this form is true and correct.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## LOMAGUNDI COLLEGE

### APPLICATION FORM



P.O. Box 96, Chinhoyi, Zimbabwe

Cell : + 772-190191

Cell : + 772-545620

Land Line : + 263 67 25854 / 25858 / 25220 / 25240

Email : lcadmin@lomagundi.com

Should your application be successful this amount will be credited against your First Terms Fees

This form must be accompanied by a non-refundable Application Fee. On receipt of this form, your child's name will be entered on our enrolment list. Acceptance of this registration form does not imply final acceptance of the candidate. This will depend on (a) the availability of a place, (b) an entrance examination and (c) all other selection criteria being met.

Please attach the following to this application form :

- a) Copy of current school report
- b) Certified copy of the child's birth certificate
- c) 1 x passport size photograph of the child
- d) Copy of medical aid card

**RECEIPT NO :** \_\_\_\_\_

## PUPIL INFORMATION

Surname :	
First Names :	
Date of Birth :	
Sex :	
Place of Birth :	
Nationality & Passport No. if applicable	
Religious Denomination : <b>Specify Denomination:</b>	
Home language :	
Present/last School Attended :	
Present Form :	
Intended Date of Admission	
Intended form of Admission	

Please tick the appropriate box :

Boarding	Yes	No
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Is your child entered, or registered at any other school? If so which?
Position of leadership held in previous school.
Any learning difficulties we need to be aware of, eg Dyslexia, ADD, ADHD?
Level of sport played at previous school
Any Medical Condition, eg allergies
Medical Aid Name and Number

## CONTACT INFORMATION

		FATHER (or Guardian)	MOTHER
Full Name :			
Postal Address :			
Residential Address :			
Telephone No :	Home		
	Work		
	Cell		
	Fax		

Email Address :
Profession/Occupation:

Employer / Company:
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Account Reference	Contact & Telephone No.	
	Company & Telephone No.	

Please tick the appropriate box :

Marital Status :	Married	Divorced	Separated	Widowed	Single
Pupil lives with :	Both Parents	Mother	Farther	Guardian	

Pupil's brothers / sisters attending Lomagundi College Primary School or any other school :

Name	Date of Birth	School	Grade / Form