



KUNDAYI CHIUNDIZA SCHOOL
Brookmead, Bromley, Zimbabwe
+263 78 278 2596

REGISTRATION FORM

Requirements:

1. Copy of Student's birth certificate
2. 1 Passport Size photo of Student
3. Copy of Student's Grade 7 results

APPLYING FOR: Day School

Boarding School

(Boarding facility details to be provided upon application)

STUDENT DETAILS

First Name: _____ Surname: _____

Date Of Birth: DD / MM / YYYY Gender: Male Female

Home Address: _____

Home Phone No: _____ Home Language: _____

PARENT'S/GUARDIAN DETAILS

Parent/Guardian Full Name: _____ Phone No.: _____

Home Address: _____

Work Address: _____

Email: _____ Work Phone No.: _____

MEDICAL INFORMATION:

Any known health problem? Yes No

If YES, please specify: _____

Any ALLERGIES? (Including food allergies) Yes No

If YES, please specify: _____

Student's Doctor (In case of emergency): **Dr.** _____ Phone No.: _____

Medical Aid (If available): _____ Medical Aid Number: _____

EMERGENCY CONTACTS:

Name: _____ Phone No.: _____

Relationship to Student: _____

Name: _____ Phone No.: _____

Relationship to Student: _____

INVOICING DETAILS:

Person responsible for fees: _____ Phone No.: _____

Occupation: _____ Company Name: _____

Email: _____

IMPORTANT INFORMATION:

TRANSPORT: Parents are responsible for getting their children to school. The school bus may ferry students but it still remains the responsibility of parents to have children at school.

SCHOOL CALENDER: The school does not close over the national school holidays and parents are obliged to pay fees for a school term of four months. Parents are notified that the school has to pay rentals, rates, wages, and the upkeep of the school throughout the year. Therefore the fees are paid for all the months so as to cover such costs.

FEES PAYMENT: The parent undertakes to pay fees by the 1st of every month failure of which the child will not attend school. There are no refunds on fees paid.

LEGAL COST: In the event of you falling into arrears, interest will be charged at the prevailing rates and legal action will be taken against you to recover the money owing. You are liable to pay the legal costs pertaining to such legal action.

INDEMNITY:

Please read this form carefully and be aware that in signing up & participating in the use of **Kundayi Chiundiza School** programs, you will be waiving & releasing all claims for injuries your child might sustain arising out of the activities of this program.

I undertake to abide by the school rules of **KUNDAYI CHIUNDIZA SCHOOL**, Brookmead, Bromley, Zimbabwe

WAIVER & RELEASE OF ALL CLAIMS: I.....PARENT/GUARDIAN OF

.....DECLARE THAT: As a parent or guardian of the participant(s) in these program(s) activities recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of my child, I may sustain as a result of participating in any and all activities connected with or associated with such program(s)activities held on or off **KUNDAYI CHIUNDIZA SCHOOL** property (including transportation services/vehicle operation, when provided).” I do hereby fully release and forever discharge **KUNDAYI CHIUNDIZA SCHOOL** and its independent contractors, volunteers, servants and employees from any and all claims from injuries including death,damages or losses sustained by me or my minor child/ward and arising out of connected with or in any associated with these programs(s) activities held on or off **KUNDAYI CHIUNDIZA SCHOOL** or transportation services.”

I have read and fully understand the above Waiver & Release of all Claims.

Signature: _____ Witness: _____ Date.: *DD / MM / YYYY* _____