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APPLICATION FORM

Surname:..... Christian Names:.....
Proposed Date of Entry:..... Form:.....
Date of Birth:..... Place of Birth:.....
ID No:..... Religious Denomination:.....
Previous School attended:..... School's Address & Tel No:.....
School Email:..... Gender:.....

How did you hear about the school? (Please tick)

Newspaper advert ☐ Facebook ☐ Referral ☐ Whatsapp ☐
Other

Affiliation with St Luke Jemedza:

- ☐ SIBLING-Name..... Year Left..... House.....
- ☐ COUSIN-Name..... Year Left..... House.....

FATHER (or Guardian)

MOTHER (or Guardian)

Title(Mr,Dr,Prof):.....	Title (Mrs,Miss,Dr).....
Surname:.....	Surname:.....
First Name:.....	First Name:.....
Marital Status:.....	Marital Status.....
Name of Spouse:.....	Name of Spouse.....
Home Address:.....	Home Address:.....
.....	
Postal Address:.....	Postal Address:.....
.....	
Home Tel No.....	Home Tel No.....
Work Tel No.....	Work Tel No.....



A MEMBER OF PHILADELPHIA MISSION IN AFRICA TRUST

Fax No..... Fax No.....
 Cellphone No..... Cellphone No.....
 Email:..... Email:.....
 Occupation:..... Occupation:.....
 Employer/Company..... Employer/Company.....

Non-Residents-If you are residing outside Zimbabwe-are you Zimbabwean Citizen? Yes No
 Give the Name and Address of the applicant's guardian in Zimbabwe.....

Child's Health

Any Condition requiring special attention.....
 Any Allergies (Yes/No)..... If Yes Please State.....
 Other Health Concerns (Yes/No).....
 Medical Aid (Yes/No) If YES Name..... Policy No

Signature of Parent/Guardian..... Date.....

(Please attach copy of birth certificate, result slip (previous reports) and copy of ID of Parent/Guardian)

FOR OFFICE USE ONLY

Application Received By..... Date.....

Application Processed By..... Date.....

REMARKS

☐

APPROVED

☐

NOT APPROVED



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