



TYNWALD PRIMARY SCHOOL

STAND 6221, WESTLEA, HARARE

P.O BOX 3928. HARARE, Tel: 263-772 192 445 Head 0772 409 281

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APPLICATION FORM

Student Details

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 Details

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 Details

Name and Surname _____ Profession _____
Phone _____ Email _____

Other Student Details

Main Sport Student is interested in _____ Sports House (Leave blank) _____
Career Aspirations _____ Special Diet Requirements _____
Allergies _____ Special Medical Requirements _____
Blood Group _____ Disabilities _____ Has Medical Aid? **Yes** **No**
Medical Aid No _____ Student's Phone No _____ Student's Email _____

FOR OFFICIAL USE

1. DOCUMENTS ATTACHED 2. INTERVIEW RESULTS 3. DEPOSIT PAID
4. HEAD'S SIGNATURE _____ DATE _____