



Applicant's name: \_\_\_\_\_

Surname

First Name

HAND DELIVER TO :  
 70 Simon V. Muzenda Street | P.O. Box CY 1650, Causeway,  
 Harare  
 E-mail: admin@dominicanconvent.co.zw  
 registrar@dominicanconvent.co.zw  
 Tel: +263 242 796176 / 77  
 Website: www.conventharare.co.zw



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Dominican Convent High School Harare convent.harare

## DOCUMENTATION

Tick to indicate if boarding place is required

The following documentation must be submitted with the completed application form. Please tick all the documentation you are submitting with this application.

Last School Report

Copy of official Birth Certificate

Copy of official immunization card, or proof confirming immunization against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.

Proof of residential address, in parents' name, such as statement of Rates, Water and Electricity, Telephone or Store account, etc.

Copy of ID or Passport document of parents.

Completed Testimonial Form - The Testimonial Form is attached to the Application Form. This form must be submitted to the learner's current school Principal, completed by him/her, and officially stamped and sealed.

Completed Financial Clearance Certificate - The Financial Clearance Certificate is attached to the Application Form. This form must be submitted to the learner's current school Principal, completed by him/her, and officially stamped and sealed.

Parents / Guardians of other nationalities must submit the following additional documents:

Study permit in respect of learner

Employment Confirmation Letter i.e (Letter from employer and current pay slip)

Sacramental Certificates (Roman Catholic learners only)

Copy of Medical Notes/Prescriptions for all learners on chronic medication, and who suffer from chronic conditions, including but not limited to: asthma, depression, ADHD (students who take Ritalin), a heart condition, migraines, or hormonal imbalance.

One passport size photograph (attached)

Attach applicants passport size photo

### For Office use Only

\$100USD Entrance Exam Fee payable on submission of form.

\$50USD For Current Dominican Convent Primary School Parents

All necessary documents have been submitted. Application may proceed.

INITIALS

Application missing the following documentation. Application pending.

REPORT  BIRTH CERT  IMMUN.  RES. ADDRESS  TEST  STUDY PERMIT  RES. PERMIT

Employment Confirmation Letter i.e (Letter from employer or current pay slip)



# IMPORTANT POINTS TO CONSIDER

In order to ensure that your application has every chance of consideration, it is vital that you read through this form carefully, provide all of the information and certificates required, and return the application form as quickly as possible. **If the required information is incorrect, incomplete, or documentation is missing, it will delay the processing and evaluation of the application.**

### **Who is the parent?**

Parent means collectively the natural parent or guardian of a learner, the person legally entitled to custody of the learner, or the person who undertakes to fulfill the obligations of any of the above persons toward the learner's education at Dominican Convent School.

### **Importance of Address**

All posted correspondence from the school will be sent to the indicated postal address. Should any of the information set out in this application form change, between application for a place and acceptance of your learner, be sure to notify the school as soon as possible.

### **Payment Upon Acceptance**

Once the application process is completed, you will be notified in writing of the school's decision to accept or decline your learner a space in our school. Upon notification, your learner's space in our school is only guaranteed **after payment of a non-refundable acceptance fee equivalent to a terms tuition fees.**

**An invoice will be provided by accounts office at the production of your acceptance letter.**

## DETAILS OF INTENDED ENROLMENT *(Please print, in blue or black ink)*

FORM APPLYING FOR: \_\_\_\_\_ PRESENT FORM: \_\_\_\_\_

DATE ADMISSION IS REQUIRED: 

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D D M M Y Y

PRESENT SCHOOL: \_\_\_\_\_

STREET/BOX: \_\_\_\_\_

CITY/SUBURB: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

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 \_\_\_\_\_  
PHONE: E-MAIL

SPECIAL EDUCATIONAL NEEDS OF LEARNER (if any): \_\_\_\_\_

FIRST LANGUAGE : SHONA  NDEBELE  ENGLISH  FRENCH  OTHER

SECOND LANGUAGE: ENGLISH  FRENCH  SHONA  NDEBELE  OTHER

### **Deposit**

1. A non refundable development levy is required to accept and secure this offer. Take note of deadlines.
2. Tuition fees is payable before the start of each school term.

# LEARNER DETAILS (Please print, in blue or black ink)



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SURNAME: \_\_\_\_\_ INITIALS: 

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FIRST NAME (S): \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_  
IF DIFFERENT TO SURNAME

CITIZENSHIP:  ZIMBABWEAN  LEGAL PERMANENT RESIDENT

ID NO / PASSPORT NO. 

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NATIONALITY: \_\_\_\_\_  
(Please specify)

PARENT / GUARDIANS WORK PERMIT ID #: \_\_\_\_\_

PLACE OF BIRTH: 

D	D	M	M	Y	Y

 GENDER:  MALE  FEMALE

CITY OF BIRTH: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSITION IN FAMILY:  OUT OF  CHILDREN

FAMILY AT DOMINICAN CONVENT:

SISTER  STEP - SISTER

_____	_____	_____
SURNAME	FIRST NAME (S)	CLASS

SISTER  STEP - SISTER

_____	_____	_____
SURNAME	FIRST NAME (S)	CLASS

HOUSE:  ALBERT  DOMINIC  PATRICK  THOMAS  
(HOUSE: APPLICABLE TO LEARNERS WITH SIBLINGS ONLY)

HOUSE T/SIRT SIZE  XS  S  M  L  XL

RESIDENTIAL ADDRESS WHILE ATTENDING SCHOOL:

STREET: \_\_\_\_\_

CITY/SUBURB: \_\_\_\_\_

POSTAL ADDRESS WHILE ATTENDING SCHOOL (If different from residential address):

STREET: \_\_\_\_\_

CITY/SUBURB: \_\_\_\_\_

HOME PHONE #: 

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code Landline Number code Cellphone Number

HOME LANGUAGE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CHURCH: \_\_\_\_\_

**IF ROMAN CATHOLIC, PLEASE TICK ALL SACRAMENTS YOU HAVE RECEIVED**

BAPTISM		FIRST COMMUNION	
FIRST RECONCILIATION		CONFIRMATION	

ACCOUNTS

ADMIN

Birth

Permit

Residence

CHECKED BY:

ENTERED BY:

# PARENT DETAILS

(Please print, in blue or black ink)



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use only

ACCOUNTS

**FATHER:**  **GUARDIAN**

FATHER'S NAME: \_\_\_\_\_  
SURNAME FIRST NAME(S)

ID/PASSPORT NO.: 

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HOME PHONE #: 

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code Landline Number code Cellphone Number

WORK PHONE #: 

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code Landline Number WORK E-MAIL

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CHURCH: \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  STEP-FATHER  DIVORCED  FOSTER

IF DIVORCED, WHO HAS LEGAL CUSTODY OF LEARNER? \_\_\_\_\_

**MOTHER:**  **GUARDIAN**

MOTHER'S NAME: \_\_\_\_\_  
SURNAME FIRST NAME(S)

ID/PASSPORT NO.: 

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HOME PHONE #: 

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code Landline Number code Cellphone Number

WORK PHONE #: 

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code Landline Number

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CHURCH: \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  STEP-MOTHER  DIVORCED  FOSTER

IF DIVORCED, WHO HAS LEGAL CUSTODY OF LEARNER? \_\_\_\_\_

CHECKED  
BY:

ENTERED  
BY:



# PAYMENT DETAILS – PARENTS TO SIGN

Please print, in blue or black ink

FATHER/GUARDIAN'S NAME : \_\_\_\_\_ SURNAME FIRST NAME (S)

ID/PASSPORT NO. [Grid for ID/Passport Number]

HOME PHONE No : [Grid for Home Phone Number] [Grid for Cellphone Number]

WORK PHONE No : [Grid for Work Phone Number] [Grid for E-MAIL]

MOTHER/GUARDIAN'S NAME : \_\_\_\_\_ SURNAME FIRST NAME (S)

ID/PASSPORT NO. [Grid for ID/Passport Number]

HOME PHONE No : [Grid for Home Phone Number] [Grid for Cellphone Number]

WORK PHONE No : [Grid for Work Phone Number] [Grid for E-MAIL]

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Approved

[Grid for initials: m m y y]

BURSAR INITIALS

[Grid for Bursar Initials]

CHECKED BY:

[Grid for Checked By]

# EMERGENCY CONTACT DETAILS (Please print, in blue or black ink)



**For office  
use only**

## IN CASE OF EMERGENCY, PHONE THIS PERSON FIRST

FULL NAME: \_\_\_\_\_

SURNAME FIRST NAME (S)

HOME PHONE No. : \_\_\_\_\_

code Landline Number code Cellphone Number

WORK PHONE No. : \_\_\_\_\_

code Landline Number code Cellphone Number

RELATIONSHIP TO CHILD: \_\_\_\_\_

CURRENT AS OF:

m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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## MEDICAL DETAILS

MEDICAL AID NAME: \_\_\_\_\_ MEMBERSHIP NO. : \_\_\_\_\_

MAIN MEMBER: \_\_\_\_\_

SURNAME FIRST NAME (S)

## FAMILY DOCTOR DETAILS

FULL NAME: \_\_\_\_\_

SURNAME FIRST NAME (S)

CONTACT No. : \_\_\_\_\_

code Landline Cellphone No.

DOCTOR'S VISITS:

m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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m	m	y	y
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## KNOWN MEDICAL CONDITIONS

Please note that legal documentation of all medical conditions, allergies, and medication outlined below needs to be provided to the School as part of the application package.

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING CONDITIONS? (Tick all that apply)

HEART MURMUR	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	ULCERS	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	BLACKOUTS	<input type="checkbox"/>	ANXIETY ATTACKS	<input type="checkbox"/>	DEPRESSION	<input type="checkbox"/>
HEARING PROBLEMS	<input type="checkbox"/>	ADD / ADDHD	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>		<input type="checkbox"/>

BLOOD PRESSURE HI/LOW	<input type="checkbox"/>	HEARING PROBLEMS	<input type="checkbox"/>	NEEDS GLASSES TO SEE	<input type="checkbox"/>
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Please list any allergies the learner might have: \_\_\_\_\_

Has the learner had any illness, disability, accident, or psychological disorder which required special hospitalization in the past five years?  YES  NO

Has the learner ever been a victim of, or personally witnessed, a serious trauma such as a murder or violent crime?  YES  NO

ENTERED BY:

--

## CHRONIC MEDICATION

PLEASE LIST THE MEDICATION YOUR LEARNER TAKES REGULARLY, THE TIME AND THE DOSAGE:

\_\_\_\_\_



# TESTIMONIAL FORM (Please print, in blue or black ink)

We would be grateful if you would complete the following testimonial for this learner who has made application at our school. Upon completion you may either return the form to the applicant, or send the form directly to us using the details provided below:

## LEARNER DETAILS

DATE: 

D	D	M	M	Y	Y

NAME: \_\_\_\_\_  
SURNAME
FIRST NAME (S)

DATE OF BIRTH: 

d	d	m	m	y	y

PRESENT GRADE: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

*Please use the following scale when making your testimonial:*

- ① WEAK                      ② FAIR                      ③ AVERAGE                      ④ GOOD                      ⑤ EXCELLENT

Place a tick in the appropriate column		①	②	③	④	⑤
1	Academic achievement					
2	Sports achievement					
3	Cultural achievement					
4	Leadership ability					
5	Discipline					
6	Character and Personality					
7	Payment of School Fees					
8	Level of parental involvement					
9	Attendance					

Special Achievements \_\_\_\_\_

Any known problems \_\_\_\_\_

Any further comments \_\_\_\_\_

*Thank you for your honesty and co-operation*

\_\_\_\_\_  
**SIGNATURE OF SCHOOL HEAD**

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

\_\_\_\_\_  
**SCHOOL HEAD'S NAME**

**Place School Stamp Here**

*When this form is complete you may send it to us by post, email or hand delivered in a sealed and stamped envelope.*

70 Simon V. Muzenda Street | P.O. Box CY 1650, Causeway, Harare  
E-mail: [admin@dominicanconvent.co.zw](mailto:admin@dominicanconvent.co.zw)  
[registrar@dominicanconvent.co.zw](mailto:registrar@dominicanconvent.co.zw)

**CONFIDENTIAL**  
**PREVIOUS SCHOOL**  
FINANCIAL CLEARANCE CERTIFICATE



Name of Learner: \_\_\_\_\_

Grade/Form: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Person responsible for fee payment: \_\_\_\_\_

Name of School where learner is currently: \_\_\_\_\_

Annual fees for \_\_\_\_\_ (Current Year) RTGS \_\_\_\_\_ USD \_\_\_\_\_

Current outstanding fees. RTGS \_\_\_\_\_ USD \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

This is to certify that the above person has paid the school fees as indicated.

\_\_\_\_\_

**Signature of Credit Controller / Accounts Office**

\_\_\_\_\_

\_\_\_\_\_

**Date**

*When this form is complete you may send it to us by post, email or hand delivered in a sealed and stamped envelope.*

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E-mail: [admin@dominicanconvent.co.zw](mailto:admin@dominicanconvent.co.zw)  
[registrar@dominicanconvent.co.zw](mailto:registrar@dominicanconvent.co.zw)

**Place School Stamp Here**



# PARENTS RECOMMENDATION FORM

*(Please print, in blue or black ink)*



*We would be grateful if you would complete the following testimonial for this learner who has made application at our school. Upon completion you may either return the form to the applicant, or send the form directly to us using the details provided below:*

DATE: 

D	D	M	M	Y	Y

## PARENTS RECOMMENDATION DETAILS

NAME: \_\_\_\_\_  
*SURNAME* *FIRST NAME (S)*

Do you recommend this parents? Yes  No   
 Did the parents support their child? Yes  No

If yes how? .....

What contributions did they make to your school if any? .....

.....  
 .....

Head's Comments: .....

.....

Head's Signature: ..... Date: .....

*When this form is complete you may send it to us by post, email or hand delivered in a sealed and stamped envelope.*

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 E-mail: [admin@dominicanconvent.co.zw](mailto:admin@dominicanconvent.co.zw)  
[registrar@dominicanconvent.co.zw](mailto:registrar@dominicanconvent.co.zw)

**Place School Stamp Here**