

# Dominican Convent High School



## Application for Admission

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



scan link to website

Go Social: Find or Follow



Dominican Convent High School 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

☐

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)

☐

**\$100USD\* Application Fee deposited in to the account below before on submission of form.**

**Please note: Application Fee is not refundable.**

**\*Current Dominican Convent Primary School Parents exempt**

## For Office use Only

### Banking Details

Name:

Dominican Convent High School

Bank :

CBZ - E Branch

Account Number :

26772910012

☐

All necessary documents have been submitted. Application may proceed.

☐

Application missing the following documentation. Application pending.

INITIALS

☐ REPORT ☐ BIRTH CERT ☐ 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 / GRADE: \_\_\_\_\_

DATE ADMISSION IS REQUIRED:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
|   |   |   |   |   |   |
| D | D | M | M | Y | Y |

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

CITY: \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

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)



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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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

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

CITIZENSHIP: ☐ ZIMBABWEAN ☐ LEGAL PERMANENT RESIDENT

ID NO / PASSPORT NO. 

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

DATE OF BIRTH: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
|   |   |   |   |   |   |
| D | D | M | M | Y | Y |

PLACE OF BIRTH: \_\_\_\_\_

POSITION IN FAMILY: ☐ OUT OF ☐ CHILDREN

FAMILY AT DOMINICAN CONVENT:

☐ SISTER ☐ STEP - SISTER ☐ COUSIN ☐ EXTENDED FAMILY

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

☐ SISTER ☐ STEP - SISTER ☐ COUSIN ☐ EXTENDED FAMILY

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

RESIDENTIAL ADDRESS WHILE ATTENDING SCHOOL:

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

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

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

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

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

HOME PHONE #: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

  
*code* Landline Number *code* Cellphone Number

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

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

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

|                      |                          |                 |                          |
|----------------------|--------------------------|-----------------|--------------------------|
| BAPTISM              | <input type="checkbox"/> | FIRST COMMUNION | <input type="checkbox"/> |
| FIRST RECONCILIATION | <input type="checkbox"/> | CONFIRMATION    | <input type="checkbox"/> |

# PARENT DETAILS

(Please print, in blue or black ink)



**FATHER:**

☐

**GUARDIAN**

☐

FATHER'S NAME:

SURNAME

FIRST NAME(S)

ID/PASSPORT NO.:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

HOME PHONE #:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Landline Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Cellphone Number

WORK PHONE #:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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.:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

HOME PHONE #:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Landline Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Cellphone Number

WORK PHONE #:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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? \_\_\_\_\_



## PAYMENT DETAILS – PARENTS TO SIGN

*Please print, in blue or black ink*

**FATHER/GUARDIAN'S NAME :** \_\_\_\_\_

SURNAME

FIRST NAME (S)

ID/PASSPORT NO.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

HOME PHONE No :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Landline Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Cellphone Number

WORK PHONE No :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Landline Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

E-MAIL

**MOTHER/GUARDIAN'S NAME :** \_\_\_\_\_

SURNAME

FIRST NAME (S)

ID/PASSPORT NO.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

HOME PHONE No :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Landline Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Cellphone Number

WORK PHONE No :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Landline Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

E-MAIL

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



### IN CASE OF EMERGENCY, PHONE THIS PERSON FIRST

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

HOME PHONE No. : \_\_\_\_\_  
Landline Number Cellphone Number

WORK PHONE No. : \_\_\_\_\_  
Landline Number Cellphone Number

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

### MEDICAL DETAILS

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

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

### FAMILY DOCTOR DETAILS

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

CONTACT No. : \_\_\_\_\_  
Landline Cellphone No.

**KNOWN MEDICAL CONDITIONS: This information will be used by our counselling and health services department to best respond to your child's needs.**

*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     |  | ASTHMA      |  | ULCERS          |  | TUBERCULOSIS |  |
| EPILEPSY         |  | BLACKOUTS   |  | ANXIETY ATTACKS |  | DEPRESSION   |  |
| HEARING PROBLEMS |  | ADD / ADDHD |  | DIABETES        |  |              |  |

|                       |  |                  |  |                      |  |
|-----------------------|--|------------------|--|----------------------|--|
| BLOOD PRESSURE HI/LOW |  | HEARING PROBLEMS |  | NEEDS GLASSES TO SEE |  |
|-----------------------|--|------------------|--|----------------------|--|

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

### 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:

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
|   |   |   |   |   |   |
| d | d | m | m | y | y |

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

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  
registrar@dominicanconvent.co.zw

Place School Stamp Here

**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) ZIG \_\_\_\_\_ USD \_\_\_\_\_

Current outstanding fees. ZIG \_\_\_\_\_ 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.*

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

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)

**Place School Stamp Here**