



# TYNWALD HIGH SCHOOL

STAND 6579, WESTLEA, HARARE

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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 \_\_\_\_\_

Form Applied For \_\_\_\_\_ Year Enrolled \_\_\_\_\_ Main Language \_\_\_\_\_

Denomination \_\_\_\_\_ Name of Pastor \_\_\_\_\_

### Guardian Details

Name \_\_\_\_\_ Profession \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Student's relationship with Guardian \_\_\_\_\_

### 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

### Next of Kin Details

Name \_\_\_\_\_ 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 \_\_\_\_\_