



TYNWALD HIGH SCHOOL

STAND 6579, WESTLEA, HARARE

P.O BOX 3928. HARARE, Tel: 263-773 709 308 Head 0774 211 552

Email: info@tynwaldhigh.ac.zw

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 _____