

# ST HARRIET HIGH SCHOOL

## STUDENT APPLICATION FORM

*[Please submit this original form, which should be accompanied by a non-refundable **Registration Fee**, photocopies of your child's **Birth Certificate**, where applicable **Identity Card**, the most recent **School Report** and two passport size **Photos**]*

### 1. Preamble

St. Harriet High is a premier core education private school whose teachings are anchored on a core set of values including discipline, diligence, loyalty, honesty, humility and self – sacrifice based upon the interdenominational tradition of the Christian faith. Top on its agenda is a mission to groom and produce global solution bearers whose impact transcends beyond their immediate communities. In this endeavor, the school commits to develop and promote an atmosphere in which learning, innovation and personal development can prosper unfettered in quest to give learners a wider version of complete education, readying them for the world and all possibilities around it.

## Application Details

### 2. Student Information

Surname:..... First Names:.....

Gender:.....

Date Of Birth:..... Place Of Birth:.....

Proposed Date Of Entry:..... Form:.....

Boarder / Day Scholar:..... Birth Certificate No;.....

I.D / Passport No;..... Religious Denomination:.....

Present School:..... Schools' Address & Tel. No;.....

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#### Affiliation With St. Harriet High School; (please tick)

SIBLING – Name..... Year..... House.....

COUSIN – Name..... Year..... House.....

### 3. Parent(s) / Guardian Information

**Father or Guardian**

**Mother or Guardian**

Title {Mr./Dr./Rev./Prof.}.....	Title {Mrs./Ms./Miss./Dr./Rev./Prof}.....
Surname .....	Surname.....
First Name(s).....	First Name(s).....
Marital Status.....	Marital Status.....
Name Of Spouse.....	Name Of Spouse.....
Home Address.....	Home Address .....
.....	.....
Postal Address.....	Postal Address.....
.....	.....
Home Tel No.....	Home Tel No.....
Work Tel. No.....	Work Tel No.....
Cellphone No.....	Cellphone No.....
Email:.....	Email:.....
Occupation .....	Occupation.....
Are You a Zimbabwean Citizen? Yes / No	

**Non Residents: If you are residing outside Zimbabwe, give the name, address and contact details of your child’s guardian in Zimbabwe .....**  
 .....

Any family history/ information that is important in the collective interests of your child, the school and yourself [e.g. deceased parent(s) / sibling, divorce, custodianship of child.....  
 .....  
 .....

**4. EDUCATIONAL INFORMATION**

**School Last Attended:..... Last Grade/Form Attended.....**

**Subjects Studied:**

- |          |           |
|----------|-----------|
| (1)..... | (2).....  |
| (3)..... | (4).....  |
| (5)..... | (6).....  |
| (7)..... | (8).....  |
| [9]..... | (10)..... |

**Does your child have any known academic / learning difficulties or weak areas? Yes / No**

If yes, give a brief description of the areas where he/she experiences problems.....

.....  
.....

Has your child had disciplinary difficulties before? Yes / No

.....  
.....

### 5. MEDICAL INFORMATION

Does your child have any of the following medical conditions? If yes, provide detail on the space thereunder.

➤ Allergies. Yes / No

.....  
.....

➤ Asthma. Yes / No

.....  
.....

➤ Ear, Nose & Throat {ENT} Condition. Yes / No

.....  
.....

➤ Any Surgical Procedure/Operation Before. Yes / No

.....  
.....

➤ Bed Wetting. Yes / No

.....  
.....

➤ Is your child able to fit in all aspects of the school life, e.g. co – curricular activities. Yes / No

.....  
.....

Any other special information necessary to the school?.....

.....  
.....

Has your child been immunized of the following? *(To attach vaccine card)*

#	Immunization	Yes	No	Date Of Immunization
1.	BCG			
2.	D.P.T (3:1) (Diphtheria, Pertussis & Tetanus			
3.	Polio			
4.	MMR (Measles, Mumps & Rubella.			
5.	Hepatitis B			

.....  
.....  
.....

**Has your child suffered from any of the following illnesses?**

#	Illness	Yes	No	Date of Illness
	Measles			
	German Measles			
	Whooping Cough			
	Mumps			
	Chicken Pox			
	Rheumatic Fever			
	Hepatitis			
	Malaria			
	Bilharzia			

**(Please Note;** The School shall create a medical record card which will be in the care and custody the Sanatorium Sister(s).

**Are you on a medical aid scheme? Yes / No.**

If yes, Provide details below.

Name of Medical Aid Society.....  
 Principal Member.....  
 Member Number.....  
 Child's Number..... Suffix.....  
 Name of Family Doctor..... Phone/Cell No.....

**CONTRACT BETWEEN PARENT /GUARDIAN AND ST HARRIET HIGH SCHOOL**

I.....I.D No.....being the father/mother/guardian of .....do hereby pledge to the school that all fees relating to my child will be met by the agreed date and also agree to any fees increase that the school deems necessary. I also grant the school permission for my child to participate in any school activities, sports, excursions and trips. I indemnify, and absolve the school from any liability, arising from injuries sustained by my child while at this school or while participating in sports.

I fully agree to all school rules and regulations and therefore, authorize the school to exercise forms of discipline they deem wise and prudent for the training of my child. The school shall reserve the right to dismiss my child from school without recourse, if he/she fails to comply with set rules and regulations. One term's notice will be required from me in advance and in writing for the transfer of my child from St. Harriet High School or payment of a full term's fees will be obligatory.

**Signed..... [Full Names] .....Date.....**

**(Parent/Guardian)**

**Signed..... [Full Names] .....Date.....**

**(For and on behalf of the School)**

**Signed..... [Full Names] .....Date.....**

**(Witness)**

**INDEMNITY CERTIFICATE FOR ST HARRIET HIGH SCHOOL**

I..... being the parent / legal guardian of....., a student at St. Harriet High School do hereby consent to the highest level permitted by the law to indemnify the school , its staff and Directors and to hold them harmless from and against them in any jurisdiction by any person whatsoever arising out of the transportation of the said student in any bus or vehicle organized by the school, and form any liability arising from any injury suffered by the said student in any activity organized by the school, its staff or Directors.

I further consent to such transportation and involvement in sports, or other physical activity by the student as the school may arrange or allow.

**Signed..... [Full Names] .....Date.....**

**(Parent/Guardian)**

**Signed..... [Full Names] .....Date.....**

**(Witness)**