

# Girls' College

62 Livingstone Road, Suburbs, Bulawayo  
PO Box FM 510, Famaona, Bulawayo  
Tel: 258 118-9 Fax: +263-9-256 922

## ENTRANCE APPLICATION

eMail: headsec@girlscol.co.zw  
Website: www.girlscollegebulawayo.org



### Particulars of Applicant - Please Attach Certified Copy Of Birth Certificate

Please Print. Complete all sections. Form One application must be submitted by end of March of the applicants Grade Seven year

First Names - Names <b>exactly</b> as appear on Birth Certificate		Surname
Birth Certificate Number	Date of Birth	Place of Birth
Religious Denomination		Nationality
Present School		Present School's Telephone Number
Present School's Address		
Proposed Date of Entry	Form Place Required (Please Tick): <input type="checkbox"/> Form 1 <input type="checkbox"/> Form 2 <input type="checkbox"/> Form 3 <input type="checkbox"/> Form 4 <input type="checkbox"/> Lower 6 <input type="checkbox"/> Upper 6 <input type="checkbox"/> Day Scholar <input type="checkbox"/> Boarder	



### Details of Parent or Guardian

Please Print. Complete all sections.

Addressee's First Name		Addressee's Surname
Local Address		
Local Telephone Number	Marital Status of Parent or Guardian (Please Tick): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
With Whome Does The Applicant Reside?		
Father's First Names		Father's Surname
Father's Occupation		Father's Business Telephone Number
Name and Address of Father's Business		
		Father's eMail Address
Mother's First Names		Mother's Surname
Mother's Occupation		Mother's Business Telephone Number
Name and Address of Mother's Business		
		Mother's eMail Address
Father's Cell Number	Mother's Cell Number	Date
Father's Signature	Mother's Signature	



### Details of Guardian

Please Print. Complete If Neither Of The Above Is Applicable.

Guardian's First Name		Guardian's Surname	
Guardian's Residential Address			
Guardian's Local Telephone Number		Marital Status of Guardian (Please Tick):	
		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Relationship of Guardian to Applicant			
Guardian's Occupation		Guardian's Business Telephone Number	
Name and Address of Guardian's Business			
Guardian's Cell Number		Guardian's eMail Address	
Date		Guardian's Signature	



### Details of sisters having previously attended or are presently attending Girls' College

Please Print.

First Name		Surname	
Dates Attended		Games House	
		(Please tick the relevant) <input type="checkbox"/> Day Scholar <input type="checkbox"/> Boarder	
First Name		Surname	
Dates Attended		Games House	
		(Please tick the relevant) <input type="checkbox"/> Day Scholar <input type="checkbox"/> Boarder	
First Name		Surname	
Dates Attended		Games House	
		(Please tick the relevant) <input type="checkbox"/> Day Scholar <input type="checkbox"/> Boarder	



### Information on Previous Primary Schools

Please Print.

School Name	Grade	From	To
School Name	Grade	From	To
School Name	Grade	From	To



### Information on Previous Secondary Schools

Please Print.

School Name	Grade	From	To
School Name	Grade	From	To
School Name	Grade	From	To

# G Currently Attended Secondary School

Please Print. This Section To Be Filled Only if The Applicant Is Currently Attending A Secondary School.

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School Name

Present Form

## Subjects Taken In Preceeding Years:

Form 1 Year	Form 2 Year	Form 3 Year	Form 4 Year	'O' Level Grades

Statement by the parent of pupil about extra-mural interests and activities (eg. Sport teams, hobbies, charity work, etc)

**Please Note:** A Registration Deposit Per Applicant (Non-Refundable) is required prior to or with the application. Please contact the telephone number below for amount.

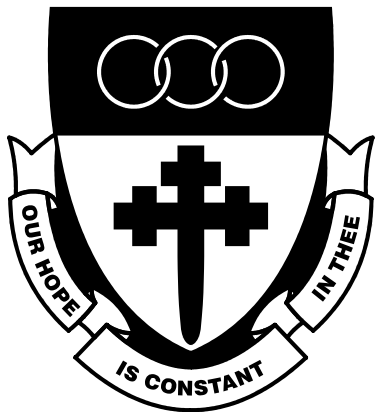
Please note that your application will not be accepted unless completed in full and accompanied by a copy of the girls birth certificate. For applications for any forms other than Form one, an up-to-date school report must accompany this application form together with a letter giving reasons for transfer of the applicant.

A copy of the pupil's most recent school report must accompany this application.

# H Clearance Certificate

Please Print. This Section To Be Completed By Administration Department Of School The Applicant Is Currently Attending.

## Girls' College



Headmaster's / Headmistress's Name

Present School

Pupils Full Name

Pupils Approximate Position In Class (Please Tick):

- Top Quarter  
  Second Quarter  
  Third Quarter  
  Bottom Quarter

Pupils Date of Birth

Special Talents (Sports, Cultural)

Financial Standing

Outstanding Debts (School Fees, Text Books, Library Books)

Date

Headmaster's / Headmistress's Signature

School Stamp

**IF YOU REQUIRE HELP,  
ADVISE OR ARE VISUALLY  
IMPARED, PLEASE  
CONTACT THE TELEPHONE  
NUMBER BELOW FOR  
ASSISTANCE**

