WINWOOD COLLEGE

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(To be completed by the person who has legal guardianship of child in BLOCK CAPITALS)

APPLICATION FORM ADVANCED LEVEL

FORM 5 - 6

FORM BEING APPLIED:

BOARDING	
DAY	

_____
Actual Date Joined

Student Details

Student's Surname

Student's First Name

Home Address :

Male: **Female** **Age**

Date of Birth

Nationality

Contact No/s.

(1)

(2)

Previous School	
Current School	

Qualifications (We will require verification of reports / certificates) - (Please Tick if provided)

School Report for the last 2 years		**Educational Certificates including any awards.**	

Is your Child proficient in English Language? **Yes** **No.**

Religion : Which Religion does your child belong to

Father's Surname (Prof/ Dr/ Rev/ Mr)	**Father's First Name**
Occupation:	**Place of Employment**
Contact No/s	**Email :**
(1)	**WhatsApp No.**
(2) Address if different from above:	

Mother's Surname (Prof/Dr/Rev/Mrs/ Ms)	**Mother's First Name**
Occupation	**Place of Employment**
Contact No/s	**Email.**
(1)	**WhatsApp No.**
(2) Address if different from above:	

Guardian's Surname (Prof/Dr/Rev/Mrs/Ms/ Mr)	**Guardian's First Name**
Occupation	**Place of Employment**
Contact No/s	**Email.**
(1)	**WhatsApp No. :**
(2) Address if different from above:	

Next of Kin Details	
Surname:	
First Name:	
Relationship to student:	
Address if different from above details	

Doctor's Details	
Family Doctor's Full Name	
Family Doctor's Contact No.	
Medical Aid details / Contact No.	

WINWOOD COLLEGE

Other Information

					If yes, please provide details
Does your child have any medical condition or disability?	**Yes**		**No.**		**:**
Does your child have any learning difficulties?	**Yes**		**No.**		
Has your child ever been suspended, asked to leave or expelled from school?	**Yes**		**No.**		

DECLARATION

DECLARATION BY PERSON WHO HAS LEGAL GUARDIANSHIP OF THE CHILD

(To be completed by the person who has legal guardianship of child in BLOCK CAPITALS)

Students' Full name:	
Form :	

Parent / Guardian

1. I_____ (Print full name in Block letters), Declare that the information given in this application form to be true and correct (and I have answered all the questions to the best of my knowledge).

2. I agree that my son/ daughter / ward (student's name: _____ has enrolled for Form _____ at Winwood College and shall observe and be subjected to the Rules, Regulations, and Discipline of Winwood College and shall wear the required College uniform.

3. ***I accept full responsibility for payment*** of all prescribed fees and accept that my son / daughter will be barred from attending this college should fees deadlines not be met (first day of term unless prior arrangements made). I undertake to pay interest on all outstanding fees owed at the prescribed rate. In the event of default of payment of fees I shall be liable to payment of legal costs where the school incurs such in recovering the outstanding fees.

4. I undertake and agree that in the event of my child/ children being removed by me from Winwood school, I shall be liable to the school to pay no less than one term's fees for each child, should one term's full notice not be given to the school.

5. I understand that in the case of illness/ accident the Head of School will get in touch with me, but in the event of it not being possible, I authorise the Headmaster to act on my behalf of me in his discretion; and I agree to pay all medical fees/ expenses incurred by the Head in respect of my child.

6. I accept that my child will be required to take part in a full range of Winwood College activities- academic, cultural, sporting and social. This will include participating in events including away sports fixtures outside Ruwa as well as any camps or courses.

7. I choose the above mentioned residential address as my domicillium et executant (address of service).

8. I undertake to inform Winwood College of any change of address and contact details

Parent/Guardian's Full Name (Please Print) **Parent/Guardian's Signature)**

_____ _____ **ID. NO.:**_____

Dated this _____ **Day of** _____ **20**_____

WITNESS :

Full Name …… ID. NO. ……

Witness Signature ……..

Dated this _____ Day of _____ 20_____

Please note : Children will be accepted into Form 1 in the year they turn 13 or 14; into Form 2 the year they turn 14 or 15; Form 3 the year they turn 15 or 16; and into Form 4 the year they turn 16 or 17. This application does NOT automatically entitle your child to enrolment at this school.

SUBMIT

Mid-year / most recent report, Head's recommendation letter, certified copy of child's birth certificate, parents certified copy of ID and Application fee. Thank you.

FOR OFFICE USE ONLY

FEE STRUCTURE	FEES	DATE PAID	AMOUNT	RECEIPT NO.
Application form				
Development Levy				
Any other Levy e.g. Book levy etc.				
School Fees (1st Term)				
School Fees (2nd Term)				
School Fees (3rd Term)				

Check list (Tick)	
1. Student Photo	
2. Student Birth Certificate	
3. Parent's ID details	
4. School Reports	
5. Indemnity Form	
6. Payment of School Fees Contract	