

Dominican Convent High School



Application for Admission

Applicant's name: _____

Surname

First Name

HAND DELIVER TO :
70 Simon V. Muzenda Street | P.O. Box CY 1650, Causeway,
Harare

E-mail: admin@dominicanconvent.co.zw

registrar@dominicanconvent.co.zw

Tel: +263 242 796176 / 77

Website: www.conventharare.co.zw



scan link to website

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Dominican Convent High School Harare

DOCUMENTATION

☐

Tick to indicate if boarding place is required

The following documentation must be submitted with the completed application form.
Please tick all the documentation you are submitting with this application.

☐

Last School Report

☐

Copy of official Birth Certificate

☐

Copy of official immunization card, or proof confirming immunization against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.

☐

Proof of residential address, in parents' name, such as statement of Rates, Water and Electricity, Telephone or Store account, etc.

☐

Copy of ID or Passport document of parents.

☐

Completed Testimonial Form - The Testimonial Form is attached to the Application Form. This form must be submitted to the learner's current school Principal, completed by him/her, and officially stamped and sealed.

☐

Completed Financial Clearance Certificate - The Financial Clearance Certificate is attached to the Application Form. This form must be submitted to the learner's current school Principal, completed by him/her, and officially stamped and sealed.

Parents / Guardians of other nationalities must submit the following additional documents:

☐

Study permit in respect of learner

☐

Employment Confirmation Letter i.e (Letter from employer and current pay slip)

☐

Sacramental Certificates (Roman Catholic learners only)

☐

Copy of Medical Notes/Prescriptions for all learners on chronic medication, and who suffer from chronic conditions, including but not limited to: asthma, depression, ADHD (students who take Ritalin), a heart condition, migraines, or hormonal imbalance.

☐

One passport size photograph (attached)

Attach applicants passport size photo

For Office use Only

☐

\$100USD Entrance Exam Fee payable on submission of form.

☐

All necessary documents have been submitted. Application may proceed.

INITIALS

☐

Application missing the following documentation. Application pending.

☐ REPORT ☐ BIRTH CERT ☐ IMMUN. ☐ RES. ADDRESS ☐ TEST ☐ STUDY PERMIT ☐ RES. PERMIT

☐ Employment Confirmation Letter i.e (Letter from employer or current pay slip)



IMPORTANT POINTS TO CONSIDER

In order to ensure that your application has every chance of consideration, it is vital that you read through this form carefully, provide all of the information and certificates required, and return the application form as quickly as possible. **If the required information is incorrect, incomplete, or documentation is missing, it will delay the processing and evaluation of the application.**

Who is the parent?

Parent means collectively the natural parent or guardian of a learner, the person legally entitled to custody of the learner, or the person who undertakes to fulfill the obligations of any of the above persons toward the learner's education at Dominican Convent School.

Importance of Address

All posted correspondence from the school will be sent to the indicated postal address. Should any of the information set out in this application form change, between application for a place and acceptance of your learner, be sure to notify the school as soon as possible.

Payment Upon Acceptance

Once the application process is completed, you will be notified in writing of the school's decision to accept or decline your learner a space in our school. Upon notification, your learner's space in our school is only guaranteed **after payment of a non-refundable acceptance fee equivalent to a terms tuition fees.**

An invoice will be provided by accounts office at the production of your acceptance letter.

DETAILS OF INTENDED ENROLMENT *(Please print, in blue or black ink)*

FORM APPLYING FOR: _____

PRESENT FORM: _____

DATE ADMISSION IS REQUIRED:

D	D	M	M	Y	Y

PRESENT SCHOOL: _____

STREET/BOX: _____

CITY/SUBURB: _____ PROVINCE: _____

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PHONE:

E-MAIL

SPECIAL EDUCATIONAL NEEDS OF LEARNER (if any): _____

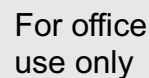
FIRST LANGUAGE : SHONA ☐ NDEBELE ☐ ENGLISH ☐ FRENCH ☐ OTHER

SECOND LANGUAGE: ENGLISH ☐ FRENCH ☐ SHONA ☐ NDEBELE ☐ OTHER

Deposit

1. A non refundable development levy is required to accept and secure this offer. Take note of deadlines.
2. Tuition fees is payable before the start of each school term.

(Please print, in blue or black ink)



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INITIALS:

PREFERRED NAME: _____ FAMILY NAME: _____
IF DIFFERENT TO SURNAME

ID NO / PASSPORT NO.

NATIONALITY: _____
(Please specify)

PLACE OF BIRTH:

--	--	--	--	--	--

 GENDER:

--

 MALE

--

 FEMALE

POSITION IN FAMILY: OUT OF CHILDREN

☐ SISTER ☐ STEP - SISTER ☐ COUSIN ☐ EXTENDED FAMILY

SURNAME	FIRST NAME (S)	CLASS
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☐ SISTER ☐ STEP - SISTER ☐ COUSIN ☐ EXTENDED FAMILY

SURNAME	FIRST NAME (S)	CLASS
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STREET: _____

CITY/SUBURB:

POSTAL ADDRESS WHILE ATTENDING SCHOOL (If different from residential address):

STREET: _____

CITY/SUBURB:

HOME PHONE #:

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--	--	--	--	--	--	--	--

code Landline Number *code* Cellphone Number

HOME LANGUAGE: _____ RELIGION: _____

CHURCH:

IF ROMAN CATHOLIC, PLEASE TICK ALL SACRAMENTS YOU HAVE RECEIVED

BAPTISM		FIRST COMMUNION	
FIRST RECONCILIATION		CONFIRMATION	

Founded on our Dominican Pillars of prayer, community, study & service

ACCOUNTS

ADMIN

Birth

Permit

Residence

**CHECKED
BY:**

**ENTERED
BY:**

PARENT DETAILS

(Please print, in blue or black ink)



For office
use only

ACCOUNTS

FATHER:

☐

GUARDIAN

☐

FATHER'S NAME:

SURNAME

FIRST NAME(S)

ID/PASSPORT NO.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME PHONE #:

--	--	--	--	--	--	--	--	--	--

code

Landline Number

--	--	--	--	--	--	--	--	--	--

code

Cellphone Number

WORK PHONE #:

--	--	--	--	--	--	--	--	--	--

code

Landline Number

WORK E-MAIL

OCCUPATION: _____ EMPLOYER: _____

PARENT EMAIL: _____ @ _____

HOME LANGUAGE: _____ RELIGION: _____

CHURCH: _____

MARITAL STATUS: SINGLE ☐ MARRIED ☐ STEP-FATHER ☐ DIVORCED ☐ FOSTER ☐

IF DIVORCED, WHO HAS LEGAL CUSTODY OF LEARNER? _____

MOTHER:

☐

GUARDIAN

☐

MOTHER'S NAME:

SURNAME

FIRST NAME(S)

ID/PASSPORT NO.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME PHONE #:

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code

Landline Number

--	--	--	--	--	--	--	--	--	--

code

Cellphone Number

WORK PHONE #:

--	--	--	--	--	--	--	--	--	--

code

Landline Number

OCCUPATION: _____ EMPLOYER: _____

PARENT EMAIL: _____ @ _____

HOME LANGUAGE: _____ RELIGION: _____

CHURCH: _____

MARITAL STATUS: SINGLE ☐ MARRIED ☐ STEP-MOTHER ☐ DIVORCED ☐ FOSTER ☐

IF DIVORCED, WHO HAS LEGAL CUSTODY OF LEARNER? _____

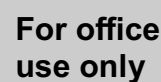
CHECKED
BY:

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ENTERED
BY:

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Please print, in blue or black ink



SURNAME

FIRST NAME (S)

[illegible][illegible]

code Landline Number

[illegible]

code Cellphone Number

[illegible]

code Landline Number

[illegible]

E-MAIL

SURNAME

FIRST NAME (S)

[illegible][illegible]

code Landline Number

[illegible]

code Cellphone Number

[illegible]

code Landline Number

[illegible]

E-MAIL

Approved

**BURSAR
INITIALS**

**CHECKED
BY:**

EMERGENCY CONTACT DETAILS (Please print, in blue or black ink)



**For office
use only**

IN CASE OF EMERGENCY, PHONE THIS PERSON FIRST

FULL NAME: _____
SURNAME FIRST NAME (S)

HOME PHONE No. : _____
code Landline Number code Cellphone Number

WORK PHONE No. : _____
code Landline Number code Cellphone Number

RELATIONSHIP TO CHILD: _____

MEDICAL DETAILS

MEDICAL AID NAME: _____ MEMBERSHIP NO. : _____

MAIN MEMBER: _____
SURNAME FIRST NAME (S)

FAMILY DOCTOR DETAILS

FULL NAME: _____
SURNAME FIRST NAME (S)

CONTACT No. : _____
code Landline Cellphone No.

KNOWN MEDICAL CONDITIONS

Please note that legal documentation of all medical conditions, allergies, and medication outlined below needs to be provided to the School as part of the application package.

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING CONDITIONS? (Tick all that apply)

HEART MURMUR		ASTHMA		ULCERS		TUBERCULOSIS	
EPILEPSY		BLACKOUTS		ANXIETY ATTACKS		DEPRESSION	
HEARING PROBLEMS		ADD / ADDHD		DIABETES			

BLOOD PRESSURE HI/LOW		HEARING PROBLEMS		NEEDS GLASSES TO SEE	
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Please list any allergies the learner might have: _____

Has the learner had any illness, disability, accident, or psychological disorder which required special hospitalization in the past five years? ☐ YES ☐ NO

Has the learner ever been a victim of, or personally witnessed, a serious trauma such as a murder or violent crime? ☐ YES ☐ NO

CHRONIC MEDICATION

PLEASE LIST THE MEDICATION YOUR LEARNER TAKES REGULARLY, THE TIME AND THE DOSAGE:

CURRENT AS OF:

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

DOCTOR'S VISITS:

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

ENTERED BY:

TESTIMONIAL FORM (Please print, in blue or black ink)



We would be grateful if you would complete the following testimonial for this learner who has made application at our school. Upon completion you may either return the form to the applicant, or send the form directly to us using the details provided below:

LEARNER DETAILS

DATE:

D	D	M	M	Y	Y

NAME: _____
SURNAME

FIRST NAME (S)

DATE OF BIRTH:

PRESENT GRADE: _____

d	d	m	m	y	y

PRESENT SCHOOL: _____

Please use the following scale when making your testimonial:

① WEAK

② FAIR

③ AVERAGE

④ GOOD

⑤ EXCELLENT

Place a tick in the appropriate column		①	②	③	④	⑤
1	Academic achievement					
2	Sports achievement					
3	Cultural achievement					
4	Leadership ability					
5	Discipline					
6	Character and Personality					
7	Payment of School Fees					
8	Level of parental involvement					
9	Attendance					

Special Achievements _____

Any known problems _____

Any further comments _____

Thank you for your honesty and co-operation

SIGNATURE OF SCHOOL HEAD

DATE

SCHOOL HEAD'S NAME

When this form is complete you may send it to us by post, email or hand delivered in a sealed and stamped envelope.

70 Simon V. Muzenda Street | P.O. Box CY 1650, Causeway, Harare
E-mail: admin@dominicanconvent.co.zw
registrar@dominicanconvent.co.zw

Place School Stamp Here

CONFIDENTIAL
PREVIOUS SCHOOL
FINANCIAL CLEARANCE CERTIFICATE



Name of Learner: _____

Grade/Form: _____ Year: _____

Name of Person responsible for fee payment: _____

Name of School where learner is currently: _____

Annual fees for _____ (Current Year) RTGS _____ USD _____

Current outstanding fees. RTGS _____ USD _____

Comment: _____

This is to certify that the above person has paid the school fees as indicated.

Signature of Credit Controller / Accounts Office

Date

When this form is complete you may send it to us by post, email or hand delivered in a sealed and stamped envelope.

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Place School Stamp Here

PARENTS RECOMMENDATION FORM

(Please print, in blue or black ink)

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DATE:

D	D	M	M	Y	Y

PARENTS RECOMMENDATION DETAILS

NAME: _____
SURNAME
FIRST NAME (S)

Do you recommend this parents? Yes ☐ No ☐
 Did the parents support their child? Yes ☐ No ☐

If yes how?

What contributions did they make to your school if any?

.....

.....

Head's Comments:

.....

Head's Signature: Date:

When this form is complete you may send it to us by post, email or hand delivered in a sealed and stamped envelope.

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registrar@dominicanconvent.co.zw

Place School Stamp Here