



SENGODA COLLEGE

Physical address: Mimosa Park Farm, Sub-division B,
Twentydales Estate, Ruwa, Goromonzi District,
Mashonaland East, Zimbabwe

Postal Box: SeNgoda College, PO Box 6823, Harare
Phone & Whatsapp: +263 7 83181216; +263 7 83083330
Rector: +263 7 73806875
Website: www.sengodacollege.ac.zw | Email: admin@sengodacollege.ac.zw

APPLICATION FORM

1. Applicant's Full Names: (surname first) Gender:

Date of Birth: Place of Birth/City: Country:

Citizenship Country: Birth Certificate No.....

Home Address:.....

Phones: Email:

2. Current Grade/ Form:..... Form Required: Year:

Current School:..... Country..... Town:

Contact Person [current school]:..... Phone:.....

Application Support Letter: Yes/No Signed By: Hm/Dhm/SrTr/Other: Sealed: Yes/No

3. Medical Aid: Yes...No...Medical Aid Name:

Medical Aid Number: Type of Medical Aid Cover: Basic....Medium.....Executive....

This information could be crucial to the well-being of the student. Are there any serious medical conditions about which the school must be aware? Please indicate with a tick below:

Diabetes; Epilepsy; Heart Condition; Haemophilia; Asthma; Bed Wetting;

Other [please specify].....

Allergies [please specify]

4. CITIZENSHIP STATUS

Citizenship status of the student: (tick after appropriate status? Supporting documentation required):

Zimbabwe citizen:.....Permanent Residence:..... Temporary Residence:..... Study

Permit.....

Expiry Date Required.....[International Students only]

Signed: [Parent/ Legal Guardian].....Date:

Signed: Witness. [Full Names].....ID Number.....Date.....

RESPONSIBLE AUTHORITY : RASHAMIRA GONESAI TRUST

TRUSTEES: - Miss P T Rambanapasi [BSc; DipEd; MBA]; Mr SE Manyangarirwa [BL Hons; ACIL; MBA]; Dr (Mrs) ARS Mabveni [BSc; MSc; PhD]; Mrs AM Mvududu-Mabveni [BBS; CIPS; PGDE]; Mr I D Mabveni [BA Hons; GradCE; IJELP; MBA]; ex officio – Mrs N Mushininga-Mubayi [BAcc; CA].



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5. Religion: Denomination: Baptized: Yes:/No:

[If "yes"] Date: Church Locale:

Priest/Pastor/Minister Names:

Phone No: Email:

6. Fee Payer: Names: Relationship to
Applicant:

Physical Address *[if different from applicant]:*
.....

Occupation: Employer: Self-employed:

7. Parents/ Guardian Names: *[as on birth certificate]:*

Father/Guardian:

Physical Address:

Telephone Number: Email:

Mother:

Physical address: *[if different from father]:*

Telephone Number : Email:

Parents are *[tick applicable]*: Single: Married:, Separated:, Divorced: Widowed:

8. EMERGENCY NOTIFICATION *[if parents cannot be reached]*

Names:

Telephone Number: Relationship to Child:

I HEREBY GIVE MY RELEASE AND CONSENT, TO THE ABOVE, TO STAND IN ON MY
BEHALF, IN CASE OF AN EMERGENCY, FOR MY CHILD TO BE TREATED BY A DOCTOR,
OR ATTENDED TO IN A HOSPITAL EMERGENCY ROOM.

Date: Authorized Signature:

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9. Sponsor/ Parent Acceptance of Fees, Rules and Regulations

I agree to make timely payment of all fees, and I ensure that myself and my child shall abide by the rules and regulations contained in the SeNgoda College Learners Code of Conduct and the Study Covenant.

Date: _____ Authorized Signature _____

DOCUMENTS REQUIRED FOR ADMISSION

[tick boxes off checklist below]

- ☐ Certified copy of Birth Certificate
- ☐ A sealed Application Support Letter (ASL) from current school
- ☐ Certified school reports of last 6 end of term assessments
- ☐ Last level terminal examination passed (i.e. Grade 7; O levels; A levels).
- ☐ Latest 3 color passport size photographs.
- ☐ Valid passport and Resident Permit/ Study Permit in respect of foreign applicants
- ☐ Medical Aid Card

Office Use Only

Grade/Form..... Class.....Hostel/House.....Bed Number.....

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