CERTITUDE CHRISTIAN COLLEGE

24537 Springvale Park, Ruwa
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certitudechristiancollege@gmail.com
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STUDENT REGISTRATION FORM

APPLICANT'S DETAILS

SURNAME: _____

FORENAME(S): _____

DATE OF BIRTH_____ NATIONAL I.D NUMBER: _____

ADDRESS: _____

_____

RELIGION: _____

APPLICANT'S CAREER AMBITIONS: _____

HEALTH CONDITIONS (Does the child have any medical condition like allergies, special educational needs, medication a learner should/not take, any food learner should not take, any behavioral, physical emotional and/or social disability)? NO/YES (IF YES, SPECIFY) _____

☐ FORM 1 ☐ FORM 2 ☐ FORM 3

☐ FORM 4 ☐ FORM 5 ☐ FORM 6

SHOULD YOUR CHILD BE ACCEPTED AT SPRINGVALE COLLEGE, YOU WILL BE REQUIRED TO PAY NON-REFUNDABLE TUITION AND REGISTRATION AND SCHOOL FEES.

PARENT / GUARDIAN INFORMATION

Father: _____ Mother: _____

Occupation: _____ Occupation: _____

Name Of Employer: _____ Name Of Employer: _____

Contact Number: _____ Contact Number: _____

Email Address: _____ Email Address: _____

Physical Address: _____ Physical Address: _____

_____ _____

EMERGENCE CONTACT NUMBER

Name: _____ Relationship: _____

Contact Number: _____ Email Address: _____

Signature of Parent/ Guardian: _____ Date: _____