

FOR SCHOOL USE ONLY

CLASS _____

YEAR _____

GENDER _____

INTERVIEW DATE _____

APPLICATION DATE _____

ACCEPTED / NOT ACCEPTED

Legacy International School

An Independent, Co-Educational, Multi-Cultural Christian Private School



REGISTRATION FORM

Child's Surname _____

Child's First Names _____

Enquiries to: secretary@legacyintschool.org

Online applications available.

898 Exhall Road, Greystone Park, Borrowdale. Tel: +263 782 785 443

Building a Generation that will be Mighty in the Land. A Generation that will Not be destroyed.

Leaving a Legacy of Wisdom, Integrity, Excellence, Leadership, Discipline, Strong Family &

Christian Values

REGISTRATION FORM

PASSPORT PHOTO



Please complete this form in block capitals. Thank you.

Child's Personal Information

Last Two Pre/Schools Attended

Date of Birth		School Name (1)	
Country of Birth		Location	
Nationality		Grades attended	
1 st Language		Date from & to	
2 nd Language		School Name (2)	
I.D / Passport No.		Location	
Church		Grades attended	
Pastor's Name		Date from & to	
Pastors No.		Clearance Letter	Yes No
Baptism Cert	Yes No		

Mother (or Guardian)

Personal Information

Father (or Guardian)

Personal Information

Relationship	Biological Parent / Foster Parent/ Adopted Child/ Other. Please explain	
First Name		
Surname		
Nationality		
I.D Number		
Passport Number		
Home Physical Address:		
Home Telephone:		
Cell Phone No.		
Landline/Other Numbers:		
E-mail:		
Does the Pupil Reside at this address?	Yes	No
Employed by		
Business Type		
Position		
Cell		
Landline		
E-mail		
Marital Status	Married/Single / Divorced / Separated/Widowed	
Marriage Type	Customary/Chapter 5.11 or 37 / Chapter 5.07 / None	

Relationship	Biological Parent / Foster Parent/ Adopted Child/ Other. Please explain	
First Name		
Surname		
Nationality		
I.D Number		
Passport Number		
Home Physical Address:		
Home Telephone:		
Cell Phone No.		
Other Numbers:		
E-mail:		
Does the Pupil Reside at this address?	Yes	No
Company Name		
Business Type		
Position		
Cell		
Landline		
E-mail		
Marital Status	Married/ Single/ Divorced / Separated/ Widow	
Marriage Type	Customary / Chapter 5.11 or 37/Chapter 5.07/ None	

Church Name		Church Name	
Physical Address		Physical Address	
Pastor's Name		Pastor	
Pastor's Phone No.		Pastor's Phone No.	
Pastor's Landline		Pastor's Landline	
No. of years in this Church		No. of years in this Church	
Are you born again?	Yes No Not Sure	Are you born again?	Yes No Not Sure

School Fees

Who is responsible for fees?		Father's School Fees Guarantor (apart from Mother)	
Mother's School Fees Guarantor (apart from Father)		Name	
Name		Surname	
Surname		Physical Address	
Physical Address		Cell Phone No.	
Cell Phone No.		Landline (work)	
Landline (work)		Other Numbers	
Other Numbers		Email	
Email		Guarantor's Signature/ agreement	
Guarantor's Signature/ agreement			

Other Information

What will be your contribution to the school other than prompt fees payment, school functions etc. Eg Networks, School Development	
At which other schools have you applied for a place?	
What made you apply to Legacy? Flyer / FB / friend / workmate / churchmate / schoolmate / other.....	
Does the applicant have any brothers and sisters at home?	If YES give details below NO
Siblings Names & Ages (at home)	
Does the pupil have siblings at this school YES Names and ages	NO

Medical Information

Name of Doctor	
Doctor's Address	
Doctor's Telephone	

Emergency Contact Information

Please complete in order of importance

1 st Contact Name:	
Cell 1:	
Cell 2:	
Landline:	

2 nd Contact Name:	
Cell 1:	
Cell 2:	
Landline:	

Medical Cover	
Medial Aid No.	
Expiry Date	

Does the pupil suffer from any of the following?		
Epilepsy	YES	NO
Diabetes	YES	NO
Heart Disease	YES	NO
Attention Deficiency Syndrome	YES	NO
Drug sensitivity	YES	NO
Any major surgery?	YES	NO
Is the pupil taking Ritalyn?	YES	NO
Allergies (please specify)		
Other conditions (please specify) (PTO)		
Instructions of what the school can do in case of emergency		
Which medications should your child not be given?		
Special Dietary Requirements		

ATTACH THE FOLLOWING

Originals & certified copies of:		
Pupil's Birth Certificate	YES	NO
Pupil's Last School Report	YES	NO
Transfer letter if applicable	YES	NO
Child's Baptismal Certificate	YES	NO
Child's Vaccination Card	YES	NO
Parents' Marriage Certificate	YES	NO
Residence/ Work Permit for Non-Zimbabwean	YES	NO
Parents' Pay Slips	YES	NO
Parents' Bank Statements for last 3 months	YES	NO
Letter from HR if company will be paying fees		

If referred by a Legacy Parent please indicate their names here so they receive their \$200USD discount.....

Parents' Declaration

- 1. I understand that this application does not constitute an acceptance or guarantee a place at Legacy International School
2. I agree that ALL School Fees will be paid on or two weeks before schools open, failing which the child cannot be admitted into class and no school report will be issued at the end of term.
3. I agree that if I or my guarantor fails to pay school fees I will offer collateral to the school until fees have been cleared. Please specify details of item to be offered as collateral
4. I agree to at least one full term notice in writing when my child is leaving the school. Should I not give a term's notice I agree to pay the next Term's fee in Lieu.
5. When my child reaches Grade 7, I agree to pay full term's fees on or before 1st day of the third term without fail
6. I agree to have my child guided in the ways of God, prayed for and taught the full Gospel of Jesus Christ, including salvation, baptism in HPMI Church, HPMI Discipleship Track, knowledge of the Bible, the baptism in the Holy Spirit. I also agree for my child to attend & participate in HPMI Church functions & programs.
7. If my child is accepted as a student at Legacy International School, I have read the enclosed rules and regulations and agree to abide by them as I agree to all the above:
8. I hereby pledge my commitment to my child's quality education & agree to pay fees timeously every term on or two weeks before schools open.

Name and Signature of

Parent 1: _____

Parent 2: _____

Guardian _____

Date: _____

INDEMNITY FORM

Please complete this form in block capitals. Thank you.

* Delete as appropriate

Please Note: Unless the School receives a doctor's letter your child will be expected to participate in ALL School activities.

I, the undersigned _____ (full name), being the parent / legal guardian of _____ (pupil's full name) give my consent for my child to attend any visits / tours / sporting fixtures arranged by Legacy International School.

For the duration of my child's stay at LIS, I hereby indemnify the school authorities, its employees and transporters as well as the Ministry of Education and Government against any law suits, liability for loss or injury which may occur as follows:

- On visits or tours or on the School premises
• At any external venue arranged for extra-curricular activities
• In transit to and from external activities

Further I, authorize the School employee in authority at the time, to act "in loco parentis" and empower him / her to authorize any medical consultation or treatment that they deem necessary for the welfare of my child.

I agree that where such medical consultation or treatment is undertaken, I will be responsible for all costs where these are not covered by a Medical Aid Society.

I give my permission for employees authorized by the Head Teacher to administer to my child mild pain killers (paracetamol) and topical antiseptic creams / liquids as well as any dressings deemed necessary, other than those indicated above.

Signed: _____ Parent / Guardian

Date: _____

I will also ensure that my child has all the required uniforms & equipment needed to pursue their academic career.

FOR SCHOOL USE ONLY

Interviewed on:

Class:

Starting Date:

Place Priority Rating:

Non Refundable Deposit of \$1000USD paid on:

.....

Received by:

Receipt Number:

Parents communicated with/on by

Enrolment Secretary's signature:

Director's signature: