

SECTION G: DETAILS OF GUARDIAN

Surname

Christian Name

Phone Number (Cell)

Name of Employer

Work Phone Number

Home Address

SECTION H : How did you hear about First Choice Private School?

(Please tick appropriate boxes)

Word of mouth

☐

Social Media

☐

Sibling at FCPS

☐

Media advert/ article

☐

Other (please specify)

Do you have any blood relative at FCP? ☐ Yes ☐ No ☐ if yes, provide name of Alumni

SECTION I: Our expectation of future parents

Our success is underpinned by our ethos and values which are formed through the contribution, support and participation of all our stakeholders including parents, staff, current and past pupils.

As a potential parent of our family, are you in a position to support our school, and in what areas do you feel you can assist?

SECTION J: TUITION

The school fees is a once-off payment. However, parents can pay 50% or more and clear the balance by mid-term break although it is discouraged.

1. How do you intend to pay school fees for the student ? ☐ Once Off payment ☐ 2 Installments (tick applicable)

2. Address of the person responsible for paying fees.

Guardian's Names:

I.D.Number :

Signature :

Relationship with Student

Date:



**FIRST CHOICE
PRIVATE SCHOOL**



Cambridge
International Examinations

Hardwork - Discipline - Changing Lives
Above and Beyond

APPLICATION FORM

NAME

SURNAME

ACC No.

FORM

TERM

YEAR

CHECKLIST(tick accordingly)

Copy of Birth Certificate ☐

Added to Whatsapp Group ☐

Copy of Grade 7 Results Slip ☐

Liked our Facebook Page ☐

Attached Recent Passport Size Photo ☐

Followed us on Instagram ☐

Completed Enrolment Form Questions ☐

**FIND
US!!!**

154 Montgomery Road, Prospect,
Waterfalls, Harare, Zimbabwe
+263 775 251 796 | +263 774 391 596
admin@firstchoiceprivateschool.ac.zw



firstchoiceprivateschool@gmail.com



@firstchoicepvtchool



First Choice Private School Waterfalls



First Choice Schools Zw

Application given to Guardian on:

Completed Application seen by principal on:



firstchoiceprivateschool@gmail.com



@firstchoicepvtchool



First Choice Private School Waterfalls



First Choice Schools Zw

SECTION A : STUDENT INFORMATION

Student's Residential Address:

1. ID Number

2. Nationality

3.Date of Birth

4. Year of entry to FCP

5. Previous School

6. Current Form

7. Position in your family

out of

Children

8. Home Language

9. Religion(student)

Denomination

10. Academic achievements

11. Sports representation and achievements

12. Cultural representation and achievements

13. Other(please specify)

Passport size Photograph

SECTION B: STUDENT ACADEMIC HISTORY

Names of most recent previous Schools Attended:

1.

2.

Reasons for leaving current School

Are you wanting Boarding or Day?

Grade 7 Subject	Units	"O" Level Subject	Grade	"O" Level Subject	Grade
Mathematics		Mathematics		Accounting	
English		English		Business Studies	
Indigenous Language		Shona		History	
Social Science		Biology		Heritage	
Agric, Science & ICT		Chemistry		FRS	
Physical Education dn Arts		Physics		Geography	
		Combined Scicence		Commerce	

14. Has the learner repeated Grades/Levels before ? If so, provide more details

15. In which subject areas does the learner need more assistance?

SECTION C: STUDENT'S CHARACTER AND WORK ETHIC				
Element of behaviour	Poor	Average	Good	Excellent
Respect for elders and authorities				
Punctuality				
Leadrship Skills				
Determination & Hardwork				

Characteristic	Poor	Average	Good	Excellent
Child's Learning Ability				
Commitment and interest in schoolwork				
Ability to follow given instructions accurately				
Interaction and co-operation with others				
Ability to meet targets and deadlines				
Ability to work on his/her own without a push				
Any other information you feel is relevant				

SECTION D: STUDENT'S HEALTH & WELL-BEING

Medical AID society

Members's Name

Members' suffix number

Name of Family Doctor

d)I). Does the learner have any impairments (visual, hearing, speaking)? If so, how have they been corrected at home?

d)ii) Does he/she suffer from a chronic illness?

No

If so, how is it handled in case of attack/ emergency?

Provide an emergency Phone Number:

d)iii) Does He/She suffer an allergy? Yes

No

If so, how is it handled in case of emergency?

Provide an emergency Phone Number:

d)iv) Does the child go for regular check-up? Yes

No

If yes provide details

SECTION E - DETAILS OF FATHER

Surname

Christian Name

Phone Number (Cell)

Name of Employer

Work Phone Number

Home Address

SECTION F - DETAILS OF MOTHER

Surname

Christian Name

Phone Number (Cell)

Name of Employer

Work Phone Number

Home Address