

# ST GEORGE'S COLLEGE



## APPLICATION PACK

FORMS 1,2,3



NAME

SURNAME

ACC NO

FORM

TERM

YEAR

ACCESS

SENATICAL

### CHECKLIST FOR REGISTRAR

Copy of Birth Certificate

Copy of Baptismal Certificate (Roman Catholic only)

Copies of Previous School Achievements

Copies of School Reports for past 2 years

Paid your Application Fee

Attached RECENT Passport Size Photograph

Completed your Application Pack Questions

Application given to Parent on

Completed application seen by Registrar on

Email sent to Parent on

RECEIPT NO

AMOUNT

DATE


PLEASE PRINT CLEARLY



**EPHINOS SEKERANI**  
Registrar  
HARTMANN HOUSE and ST GEORGE'S COLLEGE

✉ registrar@stgeorges.co.zw

☎ +263 (0)867 702 0314

☎ +263 (0)77 696 8080

3 Borrowdale Road | Harare | P Bag 7727, Causeway | Harare | Zimbabwe

Submission and acceptance of this pack does not constitute an undertaking that your child will be accepted.

The onus is on the parent to keep contacting the Registrar for any updates regarding your child's application.

SECTION A | STUDENT INFORMATION

1. DATE OF APPLICATION			
2. SURNAME			
3. CHRISTIAN NAMES			
4. ID NUMBER		on birth certificate	
5. NATIONALITY			
6. DATE OF BIRTH		on birth certificate	7. YEAR OF ENTRY TO SGC
8. CURRENT SCHOOL		9. CURRENT GRADE/FORM	
10. REASON FOR LEAVING CURRENT SCHOOL			
11. ARE YOU WANTING <b>DAY SCHOOL</b>		OR <b>BOARDING</b>	(PLEASE TICK)
12. POSITION IN YOUR FAMILY		OUT OF	CHILDREN
13. HOME LANGUAGE			
14. RELIGION (STUDENT)			
15. STUDENT HOME ADDRESS			



16. CURRENT FAMILY AT SGC OR HH		BROTHER	SISTER	STAFF	(PLEASE TICK)
Name		School	House	Form/Grade/Position	
Name		School	House	Form/Grade/Position	
Name		School	House	Form/Grade/Position	

17. DO YOU HAVE ANY OLD GEORGIAN (OG) BLOOD RELATIVES ( Brothers   Father   Grandfather   Uncles )					
Name of OG		Years at SGC or HH		House	
Name of OG		Years at SGC or HH		House	
Name of OG		Years at SGC or HH		House	





**SECTION B | FATHER'S INFORMATION  GUARDIAN'S INFORMATION**

SURNAME		CHRISTIAN NAMES	
EMPLOYER		OCCUPATION	
WORK EMAIL		PERSONAL EMAIL	
WORK PHONE		MOBILE 1	
MOBILE 2		WHATSAPP NO.	
WORK ADDRESS			
HOME ADDRESS			

**SECTION C | MOTHER'S INFORMATION  GUARDIAN'S INFORMATION**

SURNAME		CHRISTIAN NAMES	
EMPLOYER		OCCUPATION	
WORK EMAIL		PERSONAL EMAIL	
WORK PHONE		MOBILE 1	
MOBILE 2		WHATSAPP NO.	
WORK ADDRESS			
HOME ADDRESS			

**SECTION D | NEXT OF KIN - in case of emergency**

SURNAME		CHRISTIAN NAMES	
EMPLOYER		OCCUPATION	
WORK EMAIL		PERSONAL EMAIL	
WORK PHONE		MOBILE 1	
WHATSAPP NO.		RELATIONSHIP TO STUDENT	
WORK ADDRESS			
HOME ADDRESS			

**SECTION E | STUDENT'S MEDICAL AID DETAILS**

MEDICAL AID SOCIETY	
MEDICAL AID NUMBER	
MEMBER'S SURNAME	
MEMBER'S FIRST NAME	
BOY'S SUFFIX NUMBER	
IMPORTANT MEDICAL INFORMATION - ie: allergies, disabilities, etc	

