



Registered with the Ministry of
Education (IC/Mash East/394)

Rose of Sharon High School Zimre Park Campus
6884, Mt Madecheche, Zimre Park, Harare
Tel: +263 24 200 5431 Cell: +263 772 490 478
Email: fbmaruta@yahoo.com

ENROLLMENT FORM

Attach: Certified copies of Birth Certificate, ID and Passport (Where Applicable), Signed and Stamped Transfer Letters from previous schools.

SECTION A: PERSONAL DETAILS

ID / PASSPORT NUMBER

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BLOCK LETTERS

BIRTH ENTRY NUMBER

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SURNAME.....

First Names.....

TITLE.....

SEX.....

DATE OF BIRTH.....

NATIONALITY.....

CONTACT NUMBER.....

APPLICATION DATE...../...../.....

ADDRESS.....

PARENT/GUARDIAN

SURNAME.....

FIRST NAME.....

CONTACT NUMBER.....

Email.....

ADDRESS.....

SECTION B: CLASS BEING APPLIED FOR

FORM 1 ☐

FORM 2 ☐

FORM 3 ☐

FORM 4 ☐

FORM 5 Arts ☐

FORM 5 COMMERCIALS ☐

FORM 5 SCIENCES ☐

FORM 6 Arts ☐

FORM 6 COMMERCIALS ☐

FORM 6 SCIENCES ☐

SECTION C: LEARNERSHIP STATUS BEING APPLIED FOR

BOARDING ☐

DAY ☐

PART TIME ☐

SECTION D: SPONSORSHIP

SPONSOR

CELL NUMBERS.....

TEL.....

EMAIL.....

FAX.....

ADDRESS.....

SECTION E: DECLARATION (To be Completed by All Applicants)

- ◇ I hereby certify that the information that I have furnished above is correct
- ◇ I agree that my signature on this form binds me to all the school regulations and conditions as they relate to learners
- ◇ I accept the Form Fee I am paying is non-refundable, regardless of whether or not I get selected for learnership at Rose of Sharon High School
- ◇ I undertake to pay fee and any other dues on or before due dates
- ◇ I wish to terminate my learnership, I understand that I must give one-month notice in writing and immediately pay all moneys and any other receivables that I owe the Rose of Sharon High School

APPLICANT'S SIGNATURE..... DATE/...../.....

PRINT FULL NAMES.....

FOR OFFICE USE ONLY: -

APPLICATION

ACCEPTED ☐

REJECTED ☐

If rejected: Reason(s) for rejection.....

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SIGNATURES

Registry Assistant.....

Name

Signature

Date

School Principal.....

Name

Signature

Date

Director of Education.....

Name

Signature

Date

OUR BANKING DETAILS

If you wish to deposit, the School's Banking details are as follows:

Account Name Rose of Sharon High School

Banks Name Stanbic Bank

Branch Belgravia

Account Number 9140001519602

NB: If you deposit money into our account, bring your proof of payment or you can email us to

fbmaruta@yahoo.com or WhatsApp Number +26377 2490478