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ST. PETER'S KUBATANA HIGH SCHOOL P. O. Box HD 35, Highfield, Harare, ZIMBABWE

Telephone: 263 – 718824160

APPLICATION FORM

FOR OF	FICE USE:		
Date Rec	eived		
DecisionDate Replied			
i	This form is to be submitted to the applicant's school head after sections A and B have been filled in. the school head is requested to forward the form to St Peters Kubatana after completing ection C confidentially.		
	Enclose in an envelope.		
3. Y	You must also enclose certified copies of		
> 1	Birth certificate		
;	Baptism certificate if any. Original will be required if the copies are not clear. You are strongly advised to complete this form honestly. If you cheat or lie you may be forced to withdraw from this school forfeiting all fees paid.		
	Proof of residence To be considered this form must be at the school by		
SECTIO	N A: APPLICANT'S PERSONAL DETAILS (Please write in BLOCK CAPITALS)		
1. Surnar	ne:Other Names		
	f BirthBirth Cert. No		
3. Distric	tSex:		
	nination/ChurchAre you baptized		
	curricular activities		
	and address of the Head of your present school		
	a marticle de la Charact Challe VES / NO		
	a participate in the Church Choir YES / NO		
	6 end of year results:ShonaEnglishGeneral PaperAgriculture		
14141115	Agriculture Agriculture		
9. BEHA	AVIOUR		
1. V	Vere you ever sent home from school to go and get your parent(s) because of misconduct:		

Were you ever given a written warning at school: Yes/No.....

Were you ever demoted from position of prefect or monitor: Yes/No......

(We may ask these same questions from your previous school Head)

SECTION B: TO BE COMPLETED BY THE APPLICANT'S PARENT / GUARDIAN 1. Name of Parent / Guardian. 2. I.D. No: Profession. HOME ADDRESS **BUSINESS ADDRESS** Cell/Tel. No(s)..... Cell/Tel No(s)..... 3. If you are a guardian, what is your relationship to the applicant:..... 4. Are you a former student: YES/NO..... 5. Any other child at St Peters Kubatana **YES/NO**..... If yes name..... 6. Any close relative at St Peters Kubatana: YES/NO..... List children or close relatives who passed through St Peters Kubatana below Name Years **Occupation Current Address Phone** 7. Do you own the house you live in? **YES/NO**..... DECLARATION BY PARENT/GUARDIAN I hope that my son/daughter/ward will be admitted into St Peters Kubatana High School. I am able and willing to pay the school fees (.....), levies and any other financial requirements towards the education of my child / ward. My child /ward will observe all the school rules. Signed: Date RECOMMENDATION Please ask your minister of religion or church pastor or any other responsible person (not a relative) to recommend your child. Catholics have to ask their parish priest to recommend applicants. (NB: Attendance at Church Worship Services is **COMPULSORY** at St Peters Kubatana) NAME: ADDRESS..... DESIGNATION.....TELEPHONE....

SIGNATURE.....DATE....

SECTION C: GENERAL REPORT BY THE APPLICANT'S SCHOOL HEAD

This part must be filled in by the Head and sent directly to St Peters Kubatana High School WITHOUT BEING SHOWN TO THE APPLICANT

Dear colleague. Please kindly fill in, stamp and forward with the other pages.

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1. 2. 3.	Are all the statement given in Section A correct? Has the applicant ever been subject of a disciplinary case: Yes/No
	in the panels on the left of the section section your grading of the applicant the following scale: 5 OUTSTANDING; 4 ABOVE AVERAGE; 3 AVERAGE; 2 OR.
(a) Com	ECTUAL QUALITIES ment on present performance.
1 1	
	icant is likely to get 4 to 6 units 7 to 9 units; 9 to 12 units ge 12 units
(a) Stabi	CTER AND PERSONALITY lity: is the applicant liable to cheating, stealing or harassing other pupils etc
disru	ect for authority: has the applicant ever been involved in citing others to engage in ption activities e.g. destroyed property etc
	TIC, SOCIAL AND OTHER INTERESTS
Including ref school	Gerence to applicant's sense of responsibility and contribution to life in and out of
1 1	
Including and School shoul	IER REMARKS y information which, in fairness to the applicant and to St Peters Kubatana High ld be mentioned; e.g. state of health; any physical disabilities, personal or domestic es:
• • • • • • • • • • • • • • • • • • • •	

5. During the term, the applicant is a day scholar/ weekly boarder/ full time boarder **(DELETE INAPLICABLE)**

Comment on parents' behavior with respect on them. (Tick the applicable)

	4	3	2	1
Fees were paid	Always	Usually	Sometimes	Never
(on time and in				
full				
Levies (on time	Always	Usually	Sometimes	Never
and in full)				
Parents,	One always	One usually	Sometimes	Never
consultation etc				
days attendance				
Voluntary work	Excellent	Very Good	Good	Never
e.g. PTA				
Attitude to	Excellent	Very good	Fair	No comment
disciplinary				
measures				

Date	•••••
School Stamp	Signature of Head

Responsible Authority: Jesuit Province of Zimbabwe, 52 Mount Pleasant Drive, Harare, Zimbabwe