

GOLDRIDGE COLLEGE

ENTRANCE APPLICATION FORM

Please enclose:

1. **CERTIFIED COPY OF STUDENT'S BIRTH CERTIFICATE**
2. **Application Fee of \$.....Receipt Number.....**
3. **Copy/ies of latest school report/s**
4. **Copy of Grade 7 Results**

Date of Application; _____

SECTION ONE

PARTICULARS OF CHILD

SURNAME: _____

FIRST
NAMES: _____

DATE OF BIRTH: _____

SEX (tick appropriate) **BOY:** _____ **GIRL:** _____

NATIONALITY: _____

RELIGIOUS
DENOMINATION: _____

PRESENT SCHOOL ATTENDING: _____

PREVIOUS SCHOOLS ATTENDED

YEARS ATTENDED

PRESENT FORM: _____

FORM APPLYING FOR: _____

EXPECTED DATE OF ENTRY TO GOLDRIDGE
COLLEGE: _____

IS HE/SHE PROFICIENT IN THE ENGLISH LANGUAGE? YES _____ NO _____

HOME LANGUAGE/S: _____

ANY PHYSICAL HANDICAPS/ALLERGIES OR MEDICAL HISTORY:

SECTION 2

PARTICULARS OF PARENTSFULL NAME OF **CUSTODIAN**/PARENT:

_____ I.D NO. _____

FULL NAME OF **GUARDIAN**/PARENT:

_____ I.D NO. _____

FULL RESIDENTIAL ADDRESS:

FULL POSTAL ADDRESS:

ADDRESS TO WHICH CORRESPONDENCE MUST BE SENT:

TELEPHONE NUMBERS: HOME: _____

BUSINESS FATHER: _____ CELL FATHER: _____

BUSINESS MOTHER: _____ CELL MOTHER: _____

EMERGENCY CONTACT: _____

OCCUPATION OF FATHER: _____

OCCUPATION OF MOTHER: _____

COMPANY NAME AND ADDRESS OF FATHER: _____

COMPANY NAME AND ADDRESS OF MOTHER: _____

EMAIL ADDRESS: _____

<u>ARE YOU A</u>	SINGLE PARENT	YES	NO
	DIVORCED	YES	NO
	LEGAL CUSTODIAN	YES	NO
	LEGAL GUARDIAN	YES	NO

FAMILY DOCTOR: _____ PHONE NO _____

DOCTOR'S ADDRESS: _____

SECTION 3**DETAILS OF BROTHERS/SISTERS ALREADY ENROLLED IN THE
PRIMARY SCHOOL/COLLEGE**

NAME

PRESENT GRADE/FORM

1. _____
2. _____
3. _____

FUTURE BROTHERS/SISTER TO BE ENROLLED IN THE COLLEGE

NAME

AGE

1. _____
2. _____
3. _____

MEMORANDUM OF AGREEMENT

Made and entered into by and between:-

GOLDRIDGE SCHOOLS (PRIVATE) LIMITED

(Hereinafter called “the School”)

and

(hereafter called “the Parent”)

WHEREAS the School has offered a place to for

Form (hereafter called “the pupil”)

AND WHEREAS the parent has accepted the said place on behalf of the pupil.

IT IS THEREFORE HEREBY AGREED THAT

1. The parent hereby places his pupil with the school which hereby accepts the said pupil.
2. The pupil shall be admitted to the school with effect from the term beginning and shall remain so until Form 6 unless the contract is terminated earlier.
3. The parent undertakes:
 - 3.1 To pay all fees, levies and charges which the school may, in its sole discretion, impose from time to time. Such fees, levies and charges shall be at the currency determined by the school at its sole discretion.
 - 3.2 Such fees, levies and charges shall be paid in advance on or before the first day of each term.
 - 3.3 If payment is not made in advance or on the first day of the term, the school shall exclude the child from the school.
 - 3.4 If the breach persists for seven days after the term begins the school shall terminate this contract.
4. The parent shall supply the pupil with all uniforms, equipment and other requirements which the school may from time to time stipulate. These should be made available as required and replaced as and when necessary.

5. The school shall have the right, without prejudice to any other rights contained herein, to temporarily suspend the pupil from attending school, for such time as it deems fit, if the parent has not paid the fees, levies and other charges or failed to provide the uniforms, equipment and other requirements as stipulated by the school.
6. *The school may suspend the pupil, if based on medical opinion, the pupil is suffering from a contagious disease which may infect other pupils.*
7. Goldridge College want the school to be a drug free area and does not permit:
 - Use or possession of prohibited substances that include marijuana (dagga) cocaine, heroin, mandrax, ecstasy and all their derivatives and similar drugs.
 - Inappropriate use of solvents and similar reagents.
 - Use of steroids and other performance enhancing drugs.
 - Possession of drug related equipment such as pipes, vaping devices, cigarette paper etc.
 - Consumption of alcohol and the smoking of tobacco including of e-cigarettes.
 - Being in possession of or using any knife, similar sharp object or any kind of firearm or weapon or bullet.
 - Goldridge College reserves the right to search a learner or group of learners if they are suspected to have any dangerous object or illegal drug. The school also has the right to conduct tests to verify if a learner has taken drugs.
 - Drug searches shall be done by members of the teaching staff of the same gender and at times through the use of sniffer dogs.
 - If an illegal object or substance is found the principal will be obliged to turn it to the police.
 - The school shall exclude or expel any learner found with an illegal object or substance.
8. The pupil must attend all inter-house activities.
9. The pupil must strictly follow the school timetable for both academic, cultural, social, spiritual and sporting activities.
10. The school shall not be liable to refund the parent any fees or charges in respect of which the pupils, for whatever reason, would not attend school.
11. The parent and the pupil shall be bound by all the rules, regulations and instructions of the school as given from time to time by the Board of Governors or Headmaster. For avoidance of doubt, the pupils is obliged to take part in academic, sporting and extra curriculum activities as directed by the school through the Board, Headmaster, Deputy Headmaster, or Teachers. The pupil may only be excused from such activities on medical ground duly supported by a Medical Note. Moral, social and religious reasons shall not be considered.
NOTE: The school participates in sporting activities on Saturday and no pupil will be exempted on religious, moral and social reasons.

12. The school shall, through the Headmaster, have the right to: -

Expel or suspended the pupil from the school.

Administer any punishment approved by the Minister.

13. The parent hereby indemnifies the school, the Headmaster and any member of staff against any injury to the pupil, or its property or damage thereto which may be incurred pursuant to any sporting functions, extra curriculum activities, visit/tours or any other activity which the school may from time to time undertake as part of his/her educational pursuit. Whilst every effort shall be made by the school to minimize any risks, it shall however not be liable in the event of any loss or injury.

14. In the event of any emergency, whether medical or otherwise, in which effective and urgent communication between the parent and the school is not possible, the school shall have authority to make any decision necessary on behalf of the parents (loco parentis).

15. The school may terminate the contract upon giving one (1) term's notice of their intention to do so. The school may terminate the contract without notice if the parent fails to pay the school fees, levies, other charges, school uniforms or other equipment as provided herein before. The contract can be terminated also if the parent fails to adhere to the school rules and regulations.

16. The parent may terminate the contract upon giving one (1) term's notice of his intention to do so. The notice shall be given in writing on or before the first day of the term. If the parent fails to give the required notice he shall be liable to pay one full term's fees and charges in lieu of notice.

17. Any indulgence which may be extended to the parent shall not be construed as a waiver of the rights of the school herein.

18. In the event of legal action being instituted the parent, the parent undertakes to pay the legal costs incurred by the school on attorney and client scale, 10% collection commission and interest at Commercial Bank Lending Rates.

19. The parties hereby consent to the jurisdiction of the Magistrate's Court, sitting at Kwekwe in respect of any claim arising out of this Agreement.

20. This Agreement constitute the entire agreement between the parties and no variation or alternative whatsoever shall be of any force unless reduced to writing and signed by both parties in the presence of at least two (2) witnesses.

THIS DONE AND SIGNED at KWEKWE on this day
of 2.....

AS WITNESSES

1.
.....
HEADMASTER

2.

THUS DONE AND SIGNED at KWEKWE on this day of
..... 2.....

AS WITNESSES

1.
.....
PARENT

2.

GOLDRIDGE COLLEGE

INDEMNITY FORM

FOR ALL SCHOOL ACTIVITIES

I, the undersigned **(Name of Parent):**

being the parent/guardian of **(Name of student):**

do hereby give my consent to his/her taking part in any visit/tour/activity organized by **Goldridge College**.

I understand that he/she will take part entirely at his/her own risk and that, while every precaution and care will be taken by the organizer(s), neither they, the Head/or any member of staff will be held responsible for any accident, illness or any injury which may occur during or as a result of the visit/tour/activity, and they are indemnified from any legal suit which may result from disputes or accidents involving my child.

Further, I authorize the organizer(s), the Head/ Member of Staff, to act "in loco parentis". and empower them to authorize any surgical operation or other essential medical treatment which, for any reason, may become necessary during the visit/tour/activity and acknowledge that the Ministry of Education and / or Government is indemnified from any legal suit which may result from disputes or accidents involving my child.

DATE:

**SIGNATURE PARENT/
GUARDIAN/CUSTODIAN :**

PLEASE TURN OVER

PARENT'S DETAILS:

CONTACT ADDRESS (PARENT/GUARDIAN/CUSTODIAN)

CONTACT TELEPHONE NO: _____

MEDICAL AID DETAILS (VERY IMPORTANT)

NAME OF MEDICAL AID SOCIETY: _____

MEDICAL AID NUMBER: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S TELEPHONE NO: _____

**ANY OTHER MEDICAL INFORMATION PARENTS WOULD LIKE THE
SCHOOL TO BE AWARE OF :-**

GOLDRIDGE COLLEGE

HOSTEL APPLICATION FORM

SECTION ONE

PARTICULARS OF CHILD

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: _____

SEX (tick appropriate) BOY: _____ GIRL: _____

HOME LANGUAGE: _____

RELIGIOUS DENOMINATION: _____

SECTION TWO

PARTICULARS OF PARENT

FULL NAME OF CUSTODIAN/PARENT: _____

FULL NAME OF GUARDIAN/PARENT: _____

FULL RESIDENTIAL ADDRESS: _____

FULL POSTAL ADDRESS: _____

ADDRESS TO WHICH CORRESPONDENCE MUST BE SENT: _____

TELEPHONE NUMBERS: HOME: _____

BUSINESS FATHER: _____ CELL FATHER: _____

BUSINESS MOTHER: _____ CELL MOTHER: _____

EMERGENCY CONTACT: _____

OCCUPATION OF FATHER: _____

OCCUPATION OF MOTHER: _____

BUSINESS ADDRESS OF FATHER: _____

BUSINESS ADDRESS OF MOTHER: _____

ARE YOU A

SINGLE PARENT

YES

NO

DIVORCED

YES

NO

LEGAL CUSTODIAN

YES

NO

LEGAL GUARDIAN

YES

NO

SECTION THREE

MEDICAL PARTICULARS OF CHILD

NAME OF FAMILY DOCTOR: _____

DOCTOR'S TELEPHONE NUMBER: _____

NAME OF DOCTOR IN **KWEKWE** IF DIFFERENT: _____

DOCTOR'S TELEPHONE NUMBER (KWEKWE): _____

NAME OF DENTIST: _____

DENTIST'S TELEPHONE NUMBER: _____

NAME OF DENTIST IN **KWEKWE** IF DIFFERENT: _____

DENTIST'S TELEPHONE NUMBER (KWEKWE): _____

MEDICAL AID SOCIETY: _____

MEDICAL AID NUMBER: _____

NATURE OF ANY MENTAL/PHYSICAL HANDICAP OR ALLERGIES: _____

HAS THE CHILD ANY OTHER MEDICAL PROBLEMS THAT YOU FEEL THE SCHOOL SHOULD KNOW OF?

SECTION 4

GENERAL PARTICULARS OF CHILD

HAS THE STUDENT ANY ALLERGY TO ANY KIND OF FOOD? IF SO, PLEASE STATE THE KIND OF FOOD/S: _____

IS THERE ANYTHING OF IMPORTANCE THAT YOU FEEL THE SCHOOL SHOULD KNOW OF?: _____

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS SET OUT BY SCHOOL AUTHORITIES
WHILST MY CHILD IS IN THE CARE OF GOLDRIDGE HOUSE

FULL
NAME: _____

SIGNED: _____ DATE: _____

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