

# 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: \_\_\_\_\_

<b>SECTION ONE</b>
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### 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 PARENTS**

FULL 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: \_\_\_\_\_

BUSINESS ADDRESS OF FATHER: \_\_\_\_\_

BUSINESS ADDRESS OF MOTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

<b><u>ARE YOU A</u></b>	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 aid 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. The pupil must attend all inter-house activities.
8. The pupil must strictly follow the school timetable for both academic, cultural, social, spiritual and sporting activities.
9. 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.
10. 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.**
11. 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.
12. 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.
13. 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).

- 14. 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.
- 15. 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.
- 16. Any indulgence which may be extended to the parent shall not be construed as a waiver of the rights of the school herein.
- 17. 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.
- 18. 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.
- 19. 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)**:

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

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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)**

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**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 :-**

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# GOLDRIDGE COLLEGE

## INDEMNITY FORM FOR COVID 19

In this form:

“Child” shall include more than one child belonging to the Parent signing this form, if such parent has more than one child attending this school.

Reference to male shall include female; and

Reference to singular shall include plural

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

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

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1. I understand the risks associated with COVID 19 [“The Virus”] and understand the manner in which the Virus spreads.
2. I am aware of, have read and understand, the policies that this school has implemented in order to minimise the risk of transmission of COVID 19 among staff and children.
3. Given the nature of the COVID 19 virus I know and understand the risks associated with sending my child to School. I have considered these in making the decisions, of my own volition, to bring my child back to school. In this regard I accept these risks and agree that I cannot hold the School or its staff liable for the transmission of, or any outbreak of, the Virus at this school. I indemnify and hold harmless the school and waive any right I might have to institute any claim of any kind against the School or its staff in this regard and in relation to COVID-19.

This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.

4. I agree and undertake that:
  - I and my child will adhere to all policies that the School has put in place with regard to COVID 19.
  - I and my child have not been in an infected area during the last two weeks.

- My child does not have any pre-existing medical conditions that might place him in a high risk category. If he does, I have consulted the family doctor and taken all precautions as advised by him and disclosed the same to the school authorities. The school is not responsible for my child's health in regard or related to the Virus.
  - My child will be kept at home if he shows any symptoms of COVID 19 or is otherwise unwell or sick. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhoea, headache, loss of taste or smell, rash or chest pain.
  - I will inform the school immediately if my child is sick or if anyone else in the household has been infected with COVID 19. In this event, our family will undertake to quarantine the entire family for 14 days.
  - I will inform the school immediately if my child or if anyone else in the household has been in contact with anyone who has been tested positive. In this event, our family will undertake to quarantine the entire family for 14 days.
5. In order to ensure the safety of all children and staff at this school, I will provide my child with the required number of masks and explain to him that the mask needs to be worn at all times when he is at school.
  6. I confirm that before my child returns to this school I will teach my child how to put the masks on and take them off and how to wear them properly.
  7. My child will be proficient in the use of his masks before coming to school.
  8. My child's clothing and masks will be washed daily.
  9. I will educate my child about social distancing and its importance.
  10. My contact details on the school portal are correct and valid.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY OWN FREE WILL.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**PARENT/GUARDIAN (Name and Surname)**  
**(Signature)**

\_\_\_\_\_  
**PARENT/GUARDIAN**

# 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: \_\_\_\_\_

<b><u>ARE YOU A</u></b>	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: \_\_\_\_\_