



**The BirchWood Junior School**  
*Crescentes Una*

**10 Cosham Rd, Borrowdale, Harare**  
+263 780 550 062 / +263 710 598 713   
admin@birchwood.co.zw   
www.birchwoodjuniorschol.co.zw 

## **APPLICATION FORM**

THIS APPLICATION MUST BE ACCOMPANIED BY AN \$50 NON-REFUNDABLE APPLICATION FEE

**Please complete in block capitals**

### **DETAILS OF PROSPECTIVE PUPIL:**

First Name \_\_\_\_\_

Second name \_\_\_\_\_ Last name \_\_\_\_\_ M ☐ F ☐

Date of birth (Y/M/D) \_\_\_\_\_ ID number \_\_\_\_\_

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Home language \_\_\_\_\_ Religion \_\_\_\_\_

Proposed Grade of entry \_\_\_\_\_ Proposed year of entry \_\_\_\_\_

Any learning difficulties we need to be aware of, e.g. Dyslexia, ADD,

ADHD \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY THE PARENT OR GUARDIAN WITH WHOM THE  
APPLICANT NORMALLY RESIDES:**

Name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Telephone (home) \_\_\_\_\_

Email \_\_\_\_\_

All correspondence will be sent to this email address, unless otherwise requested.

**Please note: it is imperative that you keep the school advised of any change of contact details. If we are unable to contact you at the information supplied, we shall assume that the application is to be canceled.**

**PARENT/GUARDIAN 1**

Title \_\_\_\_\_ Parent's/Guardian's full names \_\_\_\_\_

Parent's/Guardian's Occupation \_\_\_\_\_

Parent's/Guardian's business address (including name of employer if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Details: Work No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_

Email \_\_\_\_\_ Nationality \_\_\_\_\_

ID/Passport No. \_\_\_\_\_

**PARENT/GUARDIAN 2**

Title\_\_\_\_\_Parent's/Guardian's full names\_\_\_\_\_

Parent's/Guardian's occupation\_\_\_\_\_

Parent's/Guardian's business address (including name of employer if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact details: Work no.\_\_\_\_\_Cellphone no.\_\_\_\_\_

Cellphone no.\_\_\_\_\_Email\_\_\_\_\_

Email\_\_\_\_\_Nationality \_\_\_\_\_

ID/Passport no.\_\_\_\_\_

Is your child related to anyone connected with the school? Please state the name of the person and relationship: \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not, please state how you heard about Birchwood Junior School (e.g. advertisement, educational directory, member of

staff, friend) \_\_\_\_\_

**FINANCIAL DETAILS (COMPULSORY)**

Name of person primarily responsible for payment\_\_\_\_\_

Relationship to learner\_\_\_\_\_Contact Details \_\_\_\_\_

Email: \_\_\_\_\_

**NB:** Please notify the school bursar if you would prefer to receive the invoice via email or Whats App.

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**FOR OFFICE USE ONLY**

Student Number: \_\_\_\_\_ Registration Receipt: \_\_\_\_ Date: \_ Amount: \_\_\_\_\_

**Supporting documents to accompany this application:**

1. Certified copy of child's unabridged birth certificate must be provided on registration/application
2. Latest school report (if any)
3. \$50 application fee and \$ 100 registration fee

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

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