



Edrovale College, Box 810 Masvingo, Zimbabwe | Mobile: 0773 002 101-2 | Email: info@edrovale.co.zw admin@edrovale.co.zw

**EDRROVALE COLLEGE ADMISSION FORM**

**PUPIL INFORMATION**

Surname :	
First Name(s) :	
Date of Birth :	
Sex :	
Place of Birth :	
Nationality & Passport No.	
Religious Denomination :	
Home language :	
Present/last School Attended :	
Present Form :	

**Please tick the appropriate box:**

Boarding	Yes	No
Is your child entered, or registered at any other school? If so which?		
Position of leadership held in previous school.		
Any learning difficulties we need to be aware of, e.g. Dyslexia, ADD, ADHD?		
Any Medical Condition, e.g. allergies		

**CONTACT INFORMATION**

PARENT (or Guardian)					
Full Name :					
Postal Address :					
Residential Address :					
Telephone No : Home Work					
Cell					
Fax					
Email Address :					
Profession/Occupation:					
Employer / Company:					
Contact & Telephone No.					
Account Reference					
Company & Telephone No.					
Marital Status :	Married	widowed	Single	Divorced	Separated