

**Tanganyika House, Corner Third\Kwame Nkrumah Ave, Harare**

Tel: +263 **773 775 781\+263 772 639 305, 0242-772406**

**Email: championmanagingdirector@gmail.com**

**‘O’ LEVEL**

**STUDENT ENROLMENT FORM**

**CONTRACT DURATION: From:** …………………………  **To:** ……………………………………  **YEAR: 20**………………

**STUDENT DETAILS**

**First Names:** ……………………………………………………… **Surname:** ……………………………………………………….. **Gender:** ………………

**ID/Birth Certificate Number:** ……………………………………………………… **Date of Birth:** ……………………………………………………

**Residential Address:** ……………………………………………………………………………………………………………………………………………………

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**Postal Address:** ………………………………………………………………………….. **Phone Number:** …………………………………………………..

**Previous School:** …………………………………………………………………………………………………………………………………………………………..

**Form:** ……………………………………………………………………………………………………………………………………………………………................

**Subjects taken:** …………………………………………………………………………………………………………………………………………………………….

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How did you come to know Champion College?

 Through our flyers Through our banner or billboards By Referrals

 Through our social accounts (Facebook, Twitter, WhatsApp)

**PARENT/GUARDIAN: *(Person responsible for fees payment)***

**First Names:** ……………………………………………………………………………. **Surname:** ………………………………………………………………..

**Relationship:** ………………………………………………………………... **ID Number:** ……………………………………………………………………

**Phone Number:** ……………………………………………………………. **Email Address:** ………………………………………………………………..

**Residential Address:** ……………………………………………………………………………………………………………………………………………………

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**Occupation:** …………………………………………………………… **Employer:** ……………………………………………………………………………….

**NEXT OF KIN: *(Person responsible for fees payment in the event that the parent/guardian is unable to pay)***

**First Names:** ………………………………………………………………………….. **Surname:** ……………………………………………………………….

**ID Number:** …………………………………………………………………………… **Relationship:** …………………………………………………………..

**Residential Address:** ……………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………….....

**Phone Number:** ……………………………………………………… **Email Address:** …………………………………………………………………….

**TERMS AND CONDITIONS**

1. All fees shall be paid at the beginning of each school term.
2. A period of one month’s/term’s notice is required for termination of contract.
3. Fees paid cannot be refunded under whatever circumstances.
4. All fulltime student cannot be withdrawn from school during the course of the term but can only be released from this contract for a transfer at the end of the term.
5. All outstanding fees shall remain due even after voluntary withdrawal which is done any time before the end of the term
6. In case of financial challenges, the parent or guardian should come in person and talk to the college Principal.

**HEALTH STATE**

Do you suffer from any allergies/sickness/ disease???? NO

 YES

If yes, please state: ………………………………………………………………………………………………………………………………………………………

I ………………………………………………………, have completed this form in utmost good faith and confirm the above information to be true and l bind myself to requirements of the contract.

**Signature:** ……………………………………………………………… **Date:** ………………………………………………

**FOR OFFICE USE ONLY**

**ENROLLING OFFICER:** …………………………………………. **DATE:** ……………………………. **SIGNATURE:** ………………………………

**PRINCIPAL:** …………………………………………………………. **DATE:** ……………………………. **SIGNATURE:** ……………………………….