

PASSPORT
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TO BE AFFIXED
HERE

RECEIPT
NUMBER

HELLENIC INTERNATIONAL ACADEMY

P O Box 808, Harare Zimbabwe
Tel: +263 4 745211 / 744996 / 744798
Facsimile No: +263 4 744768

Please attach to the application the following:

- a) Copy of current school report
- b) **Certified** copy of the child's Birth Certificate
- c) 1 passport size photo attached to this application

REGISTRATION FEE: USD10.00

This form must be accompanied by a non refundable Application Fee. On receipt of this form your son's/daughter's name will be entered on our waiting list. Acceptance of this registration form does not imply final acceptance of the candidate. This will depend on: (a) the availability of a place, (b) an entrance examination (c) all other selection criteria are met.

PUPIL INFORMATION

Surname:	
First Name:	
Date of Birth:	
Sex:	

Place of Birth:	
Nationality:	
Religious Denomination:	
Home Language:	

Present/last School Attended:	
Present Form:	
Intended Date of Admission:	
Intended Form of Admission:	

Is your son/daughter entered or to be entered at any other School? If so Which:

If you are a paid up member of the Harare Hellenic Community please supply proof e.g. receipt number:

Do either of the parents have any affiliation with the Harare Hellenic Community?

Please tick the appropriate:

Marital Status:	Married	Divorced	Separated	Widowed	Single
Pupil Lives with:	Both Parents		Mother	Father	

CONTACT INFORMATION:

	FATHER (or Guardian)	MOTHER
Full Name:		
Postal Address:		
Residential Address:		
Telephone No: Home:		
Work:		
Cell:		
Fax No:		
Email Address:		
Profession/Occupation:		
Employer/Company		

PUPILS' BROTHERS / SISTERS ATTENDING HELLENIC JUNIOR OR ANY OTHER SCHOOL.

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade/Form</u>

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

Any Medical Condition i.e. allergies etc.

N.B. Should this application be successful, the applicant undertakes to comply with the rules and regulations, as set below, including the rule that a term's notice or withdrawal be given or else the equivalent fees paid.

Once a position is offered, an acceptance fee will be required.

DECLARATION:

I

(Name in Block Letters)

- a) agree that my son/daughter will be taught the Greek Language/culture for at least one period per day;
- b) agree that my son/daughter will be collected from school within 15 minutes of either school or his/her afternoon activity ending;
- c) agree that he/she will attend school punctually whenever required to do so;
- d) agree that he/she will observe and be subject to all the regulations, rules and discipline of the school;
- e) agree that he/she will take part in such sports and activities as may be arranged by the school for him/her;
- f) agree that he/she will be exposed to Greek Orthodox foundations in faith and practice and will have to attend lessons/Church services as and when timetabled;
- g) agree that he/she will be provided with and will wear the correct school uniform;
- h) nominate Dr of Telephone To attend the child in case of illness/injury at the school if the Head of the school is unable to get in touch with me. I agree that if the medical practitioner named is not available, the Head of the school may act in his own discretion on my behalf. I agree to pay all medical fees and expenses incurred by the Head of the school on my behalf in respect of the child;
- i) accept full responsibility for payment of all School Fees and Levies as set out from time to time by the Governing body and agree that these are payable in advance or on the first day of each term;
- j) undertake to give a term's written notice of withdrawing my child from the school or forfeit one terms fees in lieu of notice;
- k) declare that the information given by me on this form is true and correct.

SIGNATURE: _____

DATE: _____