

# BONDOLFI CENTRAL PRIMARY SCHOOL MASVINGO DIOCESE

P.O. BOX BONDOLFI MASVINGO TEL: 039-266916  
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Email: info@bondolfi.ac.zw



Session:

Register class  
(Office use only)

*Service Not Self*

## Student Enrolment Form

<b>Name of School</b>			
<b>Forenames</b>			
<b>Surname</b>			
<b>Date of Birth</b>	Please give figures eg. 4 6 8	<b>SEX (M/F)</b>	
<b>Names of brothers and sisters already at school (If any)</b>			
<b>Pupil's home address</b>			
<b>Post code</b>			
<b>Hom Tel. No. /Mobile No.</b>			
<b>Parent/ Guardian living at pupils home address</b>		<b>(See overhead)</b>	
<b>Relationship to Pupil</b>			
<b>Title:</b>			
<b>Forenames:</b>			
<b>Surname:</b>			
<b>Can be contacted in case of emergency during the day. If yes, give whereabouts (eg. at home/ workplace)</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (Please tick)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (Please tick)	
<b>Daytime Tel. No.</b>			
<b>Occupation</b>			
<b>Main Contact</b>			
<b>(Only one main contact should be entered)</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (Please tick)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (Please tick)	
<b>Letters will be addressed to the main contact ticked above using the pupils address. If this is not appropriate. Please write the alternative here.</b>			
<b>Other emergency contacts (Excluding parents / carers)</b>	<b>Give names, daytime telephone numbers &amp; relationship to pupil (eg. grandparent / friend)</b>		
<b>Previous Schools or Nurseries:</b>			
<b>Dates attended:</b>			