



## APPLICATION FOR ADMISSION TO KYLE PREPARATORY SCHOOL REQUIREMENTS

- Two (2) copies of the birth certificate.
- For ECD A to grade 2 applications, kindly attach a copy of the immunisation card.
- For grade 1 to 7, please attach a copy of the latest school report.
- Please indicate clearly whether a boarding place is required.
- An entrance assessment will be required for grade 1 - 7.
- The school reserves the right to accept or decline an application.
- Once a place is confirmed a non-refundable, non-deductible desk fee is required.



# APPLICATION FOR ADMISSION

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_ TERM: 20 \_\_\_\_\_ BOARDING(YES/NO)  
Delete Inapplicable

MALE / FEMALE: \_\_\_\_\_ D.O.B: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_ TOWN/CITY/COUNTRY: \_\_\_\_\_

No. OF CHILDREN IN FAMILY: \_\_\_\_\_ AGES: \_\_\_\_\_

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

No. OF CHILDREN IN KYLE PREP: \_\_\_\_\_ NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

MEDICAL AID SOCIETY: \_\_\_\_\_

MEDICAL AID NUMBER: \_\_\_\_\_

MEDICAL AID NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

+263 39 2262798  
+263 39 2264198

+263 788 730 410  
secretary@kyleprep.ac.zw

Box 814 Copota Road Masvingo





## PARENTS' / GUARDIANS INFORMATION

<b>FATHER</b>	<b>MOTHER</b>
FULL NAME:	FULL NAME:
RESIDENTIAL ADDRESS:	RESIDENTIAL ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
CELL No/s:	CELL No/s:
POSTAL ADDRESS:	POSTAL ADDRESS:
EMAIL ADDRESS/S:	EMAIL ADDRESS/S:
I.D. No.	ID No.
OCCUPATION:	OCCUPATION:
EMPLOYER'S NAME:	EMPLOYER'S NAME:
EMPLOYER'S CONTACT NUMBER:	EMPLOYER'S CONTACT NUMBER:
<b>GUARDIAN</b>	<b>GUARDIAN</b>
FULL NAME:	FULL NAME:
RESIDENTIAL ADDRESS:	RESIDENTIAL ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
CELL No/s:	CELL No/s:
POSTAL ADDRESS:	POSTAL ADDRESS:
EMAIL ADDRESS/S:	EMAIL ADDRESS/S:
I.D. No.	ID No.
OCCUPATION:	OCCUPATION:
EMPLOYER'S NAME:	EMPLOYER'S NAME:
EMPLOYER'S CONTACT NUMBER:	EMPLOYER'S CONTACT NUMBER:

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# PAYMENT OF FEES

**NAME OF PERSON / COMPANY / ORGANISATION RESPONSIBLE FOR**

**DESK FEE:**

NAME: ..... SIGNATURE: .....

COMPANY STAMP:

**SCHOOL FEES:**

NAME: ..... SIGNATURE: .....

COMPANY STAMP:

**HOSTEL FEES:**

NAME: ..... SIGNATURE: .....

COMPANY STAMP:

**ANY MATTER / COMMENT FOR HEADMASTER'S ATTENTION:**

\_\_\_\_\_

**IMPORTANT NOTICE: SHOULD YOU WISH TO WITHDRAW YOUR CHILD FROM KYLE PREPARATORY SCHOOL AT A LATER DATE, YOU ARE EXPECTED TO GIVE A FULL TERM'S NOTICE. FAILURE TO DO SO WILL RESULT IN YOU PAYING THE FEES FOR THE NEXT TERM.**

**DECLARATION BY PARENT/GUARDIAN:** I undertake to give my full support to the Headmaster and Staff of Kyle Preparatory School in their efforts to run the school efficiently. I also undertake, wherever possible, to assist my child to abide by all school rules.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





# INDEMNITY FORM

I, the undersigned, \_\_\_\_\_  
(insert full names – parent/guardian) (insert I.D. No.)

in my capacity as the lawful guardian of the minor child: \_\_\_\_\_  
(insert full names of child),

do hereby consent to the said child participating in all sporting activities and fixtures and educational excursions where such activities, fixtures and excursions have been arranged with the approval of the headmaster of KYLE PREPARATORY SCHOOL or his deputy. I agree that the child, in participating in any such activities, does so at his/her own risk.

I hereby indemnify the school, the Trustees, the Board of Governors thereof, the Headmaster and the Staff of the school as well as any of its drivers, employees or agents against all claims, costs, charges and expenses, which the school or the other of the persons referred to may now or hereafter be or become liable for or may sustain in connection with any damage, loss (including consequential loss), or injury of any description suffered by the child for whatever reason while participating in any of the aforementioned activities or excursions and whether on or off the school premises.

Further, I do hereby authorise the Headmaster and Staff of the school to act in loco parentis to the said child and in that capacity to authorise any medical treatment required to be afforded to the child, which, in the opinion of the Headmaster or any member of his Staff, is urgently required.

.....  
WITNESS

.....  
WITNESS

Address: ..... (of indemnitor)

Telephone: ..... (of indemnitor)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





## COMMITMENT (PARENT'S COPY)

1. I, the undersigned, \_\_\_\_\_ (please print full names – parent/guardian) \_\_\_\_\_ (insert I.D. No.)

do hereby agree to: -

- 1.1. Read the school constitution and acknowledge it as the school's governing document.
  - 1.2. Give my full support to the Headmaster and Staff of Kyle Preparatory School in their efforts to run the school efficiently.
  - 1.3. Wherever possible, assist my child to abide by all school rules.
  - 1.4. Pay all fees and levies in full before the first day of each term.
    - 1.4.1 I understand that if the term's fees are not paid in full by the first day of each term, the school reserves the right not to admit my child in class.
  - 1.5. Should I default, without specific written agreement regarding settlement terms, signed by myself and the school representative, I understand that this will result in the Headmaster excluding my child from attending school until such time as the outstanding fees are cleared.
    - 1.5.1. Such exclusion shall not exempt me from paying the outstanding fees.
  - 1.6. Give at least one full term's notice of intention to withdraw my child from Kyle Preparatory School, failure of which I understand that I am liable for the next term's school fees.
  - 1.7. Pay for any damage caused by my child to school property.
  - 1.8. Replace or pay for any book belonging to the school that may be lost or damaged by my child.
2. I further agree that, in the event of the School having to institute legal proceedings against me by virtue of any breach of my undertakings in terms hereof: -
- 2.1. I consent, in terms of section 11 (1) (c) of the Magistrate's Court Act Chapter 7:10, to the jurisdiction of the Magistrate's Court for the Province of Masvingo, in respect to any action.
  - 2.2. I accept liability for payment for any collection commission on the sum claimed and for and payment of all legal costs incurred in respect of any such action.
3. I recognise that the education of my child requires parental support and I promise to provide it.
- 3.1. I pledge my support of and commitment to school programmes by volunteering my time, attending school events and activities, participation in fundraising and other efforts.
  - 3.2. I consent to the school providing education in ways that are beneficial to my child, whether in the classroom, online or otherwise.
4. I invest authority in the school to discipline my child as and when necessary and I will co-operate with the school in disciplining my child in the home as needed.
5. I hereby give the school my permission to use images of my child on the school website and other school documents.
6. In signing this declaration, I am bound by the rules and regulations of the school as established by the Board of Governors and the school administration.

I understand that my breaching of this contract could result in the exclusion my child from this school.

\_\_\_\_\_  
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## COMMITMENT (SCHOOL COPY)

1. I, the undersigned, \_\_\_\_\_ (please print full names – parent/guardian) \_\_\_\_\_ (insert I.D. No.)

do hereby agree to: -

- 1.1. Read the school constitution and acknowledge it as the school's governing document.
  - 1.2. Give my full support to the Headmaster and Staff of Kyle Preparatory School in their efforts to run the school efficiently.
  - 1.3. Wherever possible, assist my child to abide by all school rules.
  - 1.4. Pay all fees and levies in full before the first day of each term.
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