



66 Pendennis Road,  
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## HARARE INTERNATIONAL SCHOOL

### ADMISSION FORM (to be submitted on arrival)

<b>Name of Student:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Grade:</b>	<input type="text"/>
	Surname (Family Name)	First	Middle		

Please update the following information so that we can complete our data base:

<b>Harare Address:</b>	<input type="text"/>	<b>Home Phone:</b>	<input type="text"/>
	<input type="text"/>	<b>Cell Phone:</b>	<input type="text"/>
	Harare, Zimbabwe	<b>E-mail:</b>	<input type="text"/>

**First day of school:**

**Address for correspondence if different from home address:**

Are there any changes in family circumstances that we should be aware of?

#### Details of Parent/Guardian responsible for payment of fees:

<b>Name:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Vehicle Reg. No:</b>	<input type="text"/>
	Mr/Mrs etc.	Surname (family name)	First Name	Car stickers required to enter campus	
<b>Name of Employer in Zimbabwe:</b>	<input type="text"/>				
<b>Employer's Address in Zimbabwe:</b>	<input type="text"/>				
<b>Office Phone:</b>	<input type="text"/>	<b>Office Fax:</b>	<input type="text"/>	<b>E-mail:</b>	<input type="text"/>
<b>Cell Phone:</b>	<input type="text"/>				
<b>Tuition invoices should be sent to:</b>	<input type="checkbox"/> Parents	<input type="checkbox"/> Employer at above address	<input type="checkbox"/> Other Address (Specify)		

#### Details of Spouse:

<b>Name:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Vehicle Reg. No:</b>	<input type="text"/>
	Mr/Mrs etc.	Surname (family name)	First Name	Car stickers required to enter campus	
<b>Name of Employer:</b>	<input type="text"/>				
<b>Employer's Address:</b>	<input type="text"/>				
<b>Office Phone:</b>	<input type="text"/>	<b>Office Fax:</b>	<input type="text"/>	<b>E-mail:</b>	<input type="text"/>
<b>Cell Phone:</b>	<input type="text"/>				

**The following documents must be attached (tick to confirm):**

<input type="checkbox"/>	School reports / transcripts for last two years	<input type="checkbox"/>	Emergency Contacts (overleaf)
<input type="checkbox"/>	Copy of student's passport (cover and details)	<input type="checkbox"/>	Master Disclaimer (overleaf)
<input type="checkbox"/>	Recent passport photograph	<input type="checkbox"/>	Physician's report (signed)

**Please notify the Registrar should any of the above information change**

**For Official Use only:**

Date of Assessment:

Admission Fee:

Registration Fee:

Tuition Fee:

Fullbright Scholar Yes [  ] No [  ]

**STUDENT PERSONAL EMERGENCY DATA**

I hereby authorize the following two (2) persons to make decisions relating to  Student's name

in the case of illness or an emergency in the event that the parents / guardians are unavailable

Name:   
 Home Phone:  Cell Phone:   
 Office Phone:

Name:   
 Home Phone:  Cell Phone:   
 Office Phone:

Medical Insurance Cover: (delete as applicable)	Local / Overseas	If local:	Name of Company Medical Plan	<input type="text"/>
Member:	<input type="text"/>	Student Medical Number:	<input type="text"/>	
Employer:	<input type="text"/>	Student Suffix	<input type="text"/>	<input type="text"/>

Local Doctor (name and address)

If none of the above can be reached, I give permission for the school to seek emergency medical assistance and undertake to reimburse the School for any medical expenses incurred relating thereto.

I confirm that any medication to be taken by my child during school hours has been given to the School Nurse with instructions regarding dosage etc.

Signed:  Date:   
 Name:  Please print name of signatory

**MASTER DISCLAIMER**

Whilst all reasonable care is taken by HIS staff and chaperones, hired drivers, and operators of contracted tourism companies to ensure that your child is safely transported, housed and cared for while on campus or on school excursions, the School accepts no liability for any loss or damage to person or property incurred by you or your child, whether consequential or otherwise, arising while under school supervision. By signing below, you are giving permission for your child to participate in all school activities and all scheduled off-campus events, including the Explore Zimbabwe Program, and acknowledging that:

1. You have no claim on the School or its employees for any loss or damage as is referred to above: and
2. You are fully acquainted with and understand the terms and conditions of this disclaimer and the fact that your child's participation in off-campus trips is conditional upon your acceptance of these terms and conditions.
3. This disclaimer does not exclude any liability for damages suffered as a result of negligence of our personnel or those contracted on our behalf.

Parents will be informed, in writing, of any planned off-campus activity and always have the right to deny their child's participation prior to the event.

Please note that some transportation companies and tourist destinations additionally require their own indemnity forms to be signed by parents as a condition of student participation.

Name of Student:  Grade:

Signed in:  (place) on  (date)

Signature of Parent or Legal Guardian:   
 Print Name of signatory: