90A McChlery Avenue
Eastlea
Harare
Zimbabwe
Tel: +263 4 782129/30
Cell: 0777447457/ 0777447420
E-mail: eastleacampus@hilbright.com

STUDENT REGISTRATION FORM

Please fill in the form in BLOCK letters appropriately. Please note that all fields are mandatory.

Congratulations for enrolling with Hilbright Science College. Please fill in the details below as accurately as possible. Attach the following documents: Copy of student's Birth Certificate/Parent's National ID, Photocopy of Mid or End of year results / Proof of residence

Date of Registration D D M M Y Y Y Y

Period of Registration: From M M Y Y Y Y To M M Y Y Y Y

STUDENT PERSONAL DETAILS

First Name(s) _____ Gender ☐ Male ☐ Female

Middle Name _____ Date of Birth D D M M Y Y Y Y

Surname _____ Email _____

PARENT & STUDENT DETAILS

Mr/Mrs/Dr/othe First Name _____ Surname _____

Home No 9 9 9 - 9 9 9 9 9 9 9 (Area Code / Phone Number) Mobile No 9 9 9 9 - 9 9 9 9 9 9 9

Email _____

Residential Physical Address

Unit/Apartment/House Number ☐☐☐☐☐☐

Street Name _____

Suburb _____

City/ Town _____

Mailing Address

Same as physical address ☐

P O Box 1 2 3 4 5

City/ Town _____

Occupation _____

CURRENT ACADEMIC RESULTS

Exam Period ☐ Mid Year ☐ End of Year

Level ☐ Grade 7 ☐ JC ☐ Ordinary ☐ Advanced

Subject	Symbol/ Grade/ Unit

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PREVIOUS ACADEMIC INSTITUTION

Name of School

Address

Landline No (9 9 9 - 9 9 9 9 9 9 9 9) Fax No. (9 9 9 - 9 9 9 9 9 9 9 9)

Mobile No (9 9 9 9 - 9 9 9 9 9 9 9)

Reason for withdrawal

Give reasons why you would like to complete your education through Hilbright Science College?

RELIGION

Race (For Statistical Purposes) ☐ Asian ☐ Black ☐ White ☐ Other

Religion ☐ Christian ☐ Muslim ☐ Traditional ☐ Non ☐ Other

NEXT OF KIN DETAILS

First Name Relationship ☐ Parent ☐ Guardian

Surname ☐ Other (specify).....

Residential Physical Address

Unit/Apartment/House Number

Street Name

Suburb

City/ Town

Home No (9 9 9 - 9 9 9 9 9 9 9 9) Area Code Phone Number

Mobile No (9 9 9 - 9 9 9 9 9 9 9 9)

Work No (9 9 9 - 9 9 9 9 9 9 9 9)

Email

STUDENTS HEALTH

Do you suffer from any particular health complaint or allergy? ☐ Yes ☐ No

If yes give details e.g. asthmatic, hearing difficulties, diabetic etc

Medical Aid Details

PARENTAL HELP PLEDGE

Our institution would like to partner with you parents/guardians in our vision to make Hilbright Science College a leading academic institution. If there is any way in which you would be interested in assisting the college please give details of how you intend to do so:

☐ Financial Support for PTA Activities

☐ I have particular skills/ interests I would like to contribute to the College. (give details)

☐ Other (specify)

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DECLARATION AND ACCEPTANCE (for Parent/ Guardian)

I the undersigned:

a) accept full responsibility for the students tuition fees and will honour the College fees obligations as per the stipulated deadlines

b) will communicate with the Administration office regarding matters pertaining to fees payment

c) have read and understood the general terms and conditions of registration and study contract. I also agree to abide by them and such other rules which may come into force from time to time.

Parent/ Guardian (s) Signature

Date D D M M Y Y Y Y

Place

DECLARATION AND ACCEPTANCE (for Student)

I the undersigned:
have read, understood and provided sufficient authentic information for enrolment and understand that Hilbright Science College reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Students Signature

Date D D M M Y Y Y Y

Place

FOR OFFICIAL USE

Permission is granted for the above-named student to enroll in the following subjects.

Form ☐

Tick the applicable

Subject	Theory	Practical
MATHEMATICS		
CHEMISTRY		
PHYSICS		
BIOLOGY		
ACCOUNTING		
GEOGRAPHY		
BUSINESS STUDIES		
HISTORY		
ECONOMICS		
ENGLISH		
AGRICULTURE		
ENVIRONMENTAL MANAGEMENT		
COMPUTER SCIENCE		

Signed Director of Studies

Signature

Date D D M M Y Y Y Y

"Higher and Brighter with Science Education"