

ENTRANCE APPLICATION

Fee – \$50

To: The Headmaster
Falcon College
P O Esigodini
ZIMBABWE

Telephone No: 0292-881249/881268
Fax No.: 0292-881327
E-mail Address:
head@falconcollege.com

PARTICULARS OF BOY/GIRL (Please print)

Surname:..... Date of Birth:.....
 First Names:.....
 Nationality:..... Religious Denomination:.....
 Proposed Date of Entry:.....
 Present School (Name, City & Country):.....
 Present School's email address:.....
 Present Grade/Form:.....
 PARENTS NAMES (block capitals):
 FATHER: First Name..... Surname.....
 MOTHER: First Name..... Surname.....
 LEGAL GUARDIAN:
 First Name..... Surname.....
 Status: Father Widowed mother Single mother Other.....
 Postal Address:.....
 Physical Address:.....
 E-mail Address: Father:..... Mother:.....
 Bus. Phone No: Father:..... Mother:.....
 Residential Phone No:..... Residential Fax No.....
 Business Fax No: Father..... Mother:.....
 Cell No: Father:..... Mother:.....
 Occupation: Father:..... Mother:.....
 Name of Firm: Father:..... Mother:.....
 Medical Aid:..... Med. Aid No:.....

Connection with Falcon: *Relative of Falcon Old Boy/Girl* : Name:
Brother/Sister: Name:.....None **[TICK relevant one]**
 HOUSE REQUESTED: REASON:.....

I enclose herewith Entrance Fee which I understand is not refundable and apply for my above-mentioned son/daughter/ward to be placed on the list for admission to the College at the date requested. I acknowledge that his admission is subject to his passing any entrance examinations or selection tests that may from time to time be in force and subject to my formal acceptance of an offer of a place when such offer is made.

PLEASE attach a copy of BIRTH CERTIFICATE, and a passport size colour photo of your child. Acceptance into the College is NOT possible if these are not received.

Date:..... Signature:.....