

FALCON COLLEGE

SIC ITUR AD ASTRA ESIGODINI - ZIMBABWE

ENTRANCE APPLICATION

**Processing and Registration Fee - US\$10
(or the ZW equivalent on the day)**

To: The Headmaster
Falcon College
P O Esigodini
ZIMBABWE

Telephone No: 0292-881249/881268
Email address: registrar@falconcollege.com
Registrar mobile number: +263-782-984456

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/PERSON RESPONSIBLE FOR PAYING SCHOOL FEES
 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:.....
 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: Year:.....
Brother/Sister: Name:.....House:..... None(Please tick)
 HOUSE REQUESTED:REASON:.....

I enclose herewith the Processing and Registration 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 my formal acceptance of an offer of a place, as and when such offer is made.

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

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