



Watershed College

P Bag 3718
Marondera
Peddie Road
off Main Mutare Road
Tel: (0279) 23172/23438
Fax (0279) 24106
Email:enrol@watershed.co.zw

APPLICATION FORM

N.B. Attach Copy Of Birth Certificate

SURNAME OF PUPIL: _____ First names _____

DATE OF BIRTH: _____ RELIGION _____

PRESENT SCHOOL: _____ CLASS REACHED: _____

PROPOSED YEAR OF ENTRY INTO WATERSHED COLLEGE: _____ & FORM: _____

BROTHER/SISTER AT WATERSHED: _____

HOSTEL PREFERRED: _____ REASON: _____

(This does not guarantee that your child will be placed in the house preferred)

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S PROFESSION: _____

NAME OF FIRM: _____

TELEPHONE NUMBER: HOME _____ BUSINESS _____

(Please include area codes)

E-MAIL ADDRESS: _____

MOTHER'S NAME: _____

MOTHER'S PROFESSION: _____

NAME OF FIRM: _____

TELEPHONE NUMBER: HOME _____ BUSINESS _____

(Please include area codes)

MOTHER'S RESIDENTIAL ADDRESS (If different): _____

EMERGENCY CONTACT NUMBERS: _____

EMERGENCY CONTACT NAMES: _____

GUARDIAN'S NAME & ADDRESS (If applicable): _____

(Please delete the inapplicable)

I wish to enter my son/daughter at WATERSHED COLLEGE, MARONDERA, as a Boarder / Day Scholar.

N.B. PLEASE COMPLETE BELOW

Please indicate if DIVORCED / SEPARATED / WIDOWED.

Should correspondence be addressed to MOTHER / FATHER / BOTH

I enclose the Registration Fee of US\$ 50.00 which is not refundable, together with a certified copy of my child's birth certificate.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Disclaimer: The processing of this application is not a guarantee of a place at Watershed College.

FOR OFFICE USE ONLY

Registration Receipt: _____ Date _____ Amount _____

Membership Receipt: _____ Date _____ Amount _____