



Application Form

Surname: First Names:
Proposed Date of Entry: Grade:..... Boy/Girl
Date of Birth: Place of Birth:
ID No: Religious Denomination:
Weekly Boarding / Day Scholar:
Present School: School's Address & Tel No.
School Email:

Affiliation with Peterhouse: (please tick)

SIBLING – Name Year left/current School..... House.....
COUSIN – Name Year left/current School..... House.....
OTHER SIBLINGS: Name..... Grade School

FATHER (or Guardian)

MOTHER (or Guardian)

Alumni/Petrean	<input type="checkbox"/> Year..... <input type="checkbox"/> House.....	<input type="checkbox"/> Year..... <input type="checkbox"/> House.....
Title & Initials:	.....	.....
(Prof/Dr/Mr/Mrs/Ms)	.....	.....
Surname:	.....	.....
First Name:	.....	.....
Marital Status:	.....	.....
Name of Spouse:	.....	.....
Home Address:	.....	.....
Home Tel No.	.....	.....
Work Tel No.	.....	.....
Cellphone No.	.....	.....
Email:	.....	.....
Occupation:	.....	.....
Employer/Company:	.....	.....

Non-Residents - If you are residing outside Zimbabwe – are you a Zimbabwean Citizen? Yes No

If you are a Non-Resident you will require a Study Visa.

- Details of Applicant's Guardian in Zimbabwe: Name:
Address:
Telephone: Email:

I understand that the acceptance of this application will be subject to an entrance assessment.

Signature of Parent/Guardian Date

Please return this form to The Secretary. It must be accompanied by proof of payment of the Registration Fee, a copy of the Birth Certificate and past school reports (from Grade 1) if applicable: sec@springvalehouse.co.zw