



# MSASA ACADEMY

18722 Damafalls, Ruwa, Goromonzi District  
Cell: +263 712 410 986 | +263 772 907 471  
+263 789 922 475 | www.majikagroupofschools.co.zw  
msasahigh@majikagroupofschools.co.zw

## Registration Form

(Please complete in typescript or black ink throughout)

ZJC  O Level  A Level (Tick Relevant) Form \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

- Surname: \_\_\_\_\_
- First Names: \_\_\_\_\_
- Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) Sex:  Male  Female
- Birth Entry No.: \_\_\_\_\_ I.D. \_\_\_\_\_
- Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_
- Address where child resides: \_\_\_\_\_  
\_\_\_\_\_
- Religion (Christianity/Muslim/ATR etc.): \_\_\_\_\_
- Have you sat for a high school exam before? If so, give details and dates:  
\_\_\_\_\_

SUBJECTS	
1.	.....
2.	.....
3.	.....
4.	.....
5.	.....
6.	.....
7.	.....
8.	.....
9.	.....
10.	.....

Who will pay for your tuition? \_\_\_\_\_

Title:  Mr  Mrs  Miss  Ms  Doc  Prof  Rev

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID: \_\_\_\_\_ Relationship to Learner: \_\_\_\_\_

Address (if different from where child resides): \_\_\_\_\_  
\_\_\_\_\_

Telephone/Cellphone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID: \_\_\_\_\_ Relationship to Learner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/Cellphone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Skip this section if inapplicable)

Doctor's name: \_\_\_\_\_ Contact: \_\_\_\_\_

Medical AID information: \_\_\_\_\_

In case the child gets seriously ill or injured, do you mind if we rush him/her to the nearest doctor or hospital?  Yes  No

If yes, please give your suggestions: \_\_\_\_\_

Are there any special needs/issues you may want us to know about the child?  Yes  No If yes specify

**Other information we may need to know**

Is the child single parented/orphaned?  Yes  No

Are the parents/guardians separated or out of the country?  Yes  No If yes specify

Does the child have any medical condition like health problem(s), allergies; any learning difficulty, disability, or special educational need; any medication or food the child should not take, any behavioral, emotional and/or social disability?  Yes  No (If yes specify)

Flyers  Social Media  Friend or Relative(s)  Banner / Others specify \_\_\_\_\_ (tick appropriate)

What was/is the child former school? \_\_\_\_\_

Why are you transferring the child from his/her previous school and choosing our school? \_\_\_\_\_

How do you think you will support the child`s learning and development? \_\_\_\_\_

How do you think you will add value to the school? \_\_\_\_\_

What are your expectations from the School? \_\_\_\_\_

I \_\_\_\_\_, declare that the above statements are true and I understand that my studentship maybe cancelled if any false statement has been made as part of this application. I have read the regulations governing admission to this school overleaf and indemnify Msasa Academy.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



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## Student Indemnity

(Please complete in typescript or black ink throughout)

**IMPORTANT** – This form must be signed by the parent before the student will be enrolled to Msasa Academy.

By signing this Indemnity Form, I \_\_\_\_\_ (“Parent”) ID Number \_\_\_\_\_ certify that I am the Parent/Guardian of \_\_\_\_\_ (“The Student”), consent for the student to attend Msasa Academy (“The School or College”) and agree to the terms set out below.

This indemnity covers the participation of the **Student** in the activities to be undertaken at **Msasa Academy** during his/her entire stay.

The **Parent** and the **Student** jointly and severally release, indemnify and shall keep indemnified, **The School**, their officers, agents, servants, employees and/or volunteers (jointly, and severally) in respect of any and all liability, actions, suits, demands, claims, costs and/or losses directly or indirectly relating to, or arising from, any participation by the student in “**The School**” (“Loss”), unless such loss is caused by the willingness or deliberate act of the school or one or more of its employees.

In the event of the **Student** being involved in an accident, becoming ill or otherwise requiring medical care, **The School** and/or their officers, agents, servants and employees may, at their absolute discretion obtain medical treatment for the **Student** and the **Parent** must pay all expenses incurred in obtaining such medical treatment.

### THE PARENT AND STUDENT EACH ACKNOWLEDGE:

1. If the **Student** misbehaves, or in the reasonable opinion of the **Administrators** and **Directors** of **The School**, causes significant disruption, **The School** may remove the **Student** at any time, and send them home, without a fees refund and the **Parent** must pay all expenses incurred in sending the **Student** home; and
2. To indemnify and hold blameless, **The School**, its board of directors, its employees, agents and servants from any claims or commissions of any nature arising from and causing injury or harm to the student during the course of his/her involvement in any school or class activity, field trip, outing, sporting function whether on **The School** property or otherwise at any time during which the minor child is in custody, care and control of **Msasa Academy**, its employers, agents or servants.
3. That the School head of **Msasa Academy**, for the time being or a person on duty appointed by him/her shall during the course of the minor child’s attendance at the school or an outing, excursion, field trip or sporting function, to be entitled to act in loco parentis of urgent medical treatment to the said student.
4. I will give three months’ notice (one school term) of my intentions to withdraw my child in writing to **The School** and in the event that I do not do so, I will pay money in lieu of notice to **The School** equivalent to one term’s fees.  
Parents should seek independent legal advice regarding the contents of this document. If they do not, the **Parent** and the **Student** will be taken to have understood their respective obligations and to have agreed with and accepted them.

1. No drinking alcohol and smoking or use of drugs is allowed
2. It shall be an offense to report to College while in a state of inebriation or drunkenness. Everyone shall be in a state of soberness at all times. Report to college lessons on time. Arriving late for registration class, meetings, sports or rehearsals shows disregards of rules and disrespect for authority.
3. Be smartly dressed and well groomed on all occasions
4. Greet visitors and staff cheerfully. If you are sitting, stand up and greet staff or visitors. If a 6<sup>th</sup> or 5<sup>th</sup> form student walks into your class, you must stand up and greet this student. Be polite to all, including other students, staff and management. Apologise if you are wrong. Desist from making noise on the premises. Do not place hands in the pockets while on the college premises. Do not disturb other people at work, studying, teaching or going about their business. Respect them.
5. Respect all workers on the premises as they are part of the community. Avoid walking around the premises aimlessly.
6. Do not damage furniture and IT and sporting equipment, vehicles, pump, electrical installations, as this causes unnecessary escalation of fees. Do not sit on desks – use chairs. Students should confine themselves to the room ordinarily used by their group/class. Desist from visiting friends during lessons as this will cause unnecessary disturbance.

I give permission to my child to attend school activities at the school and away from Msasa Academy.

Signed (Parent) \_\_\_\_\_ Full Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_