



• academy.wakambi.net •

Tel: +263 775691979. Email: academy@wakambi.net. 28 Beesway, Norton, Zimbabwe

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## STUDENT ENROLLMENT FORM

### COURSE TITLE

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Family Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_

Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

School (present /last attended) \_\_\_\_\_

- Students under 18 years of age -

Parent/Guardian Name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

### Medical Conditions

Do you have a disability, impairment or long-term medical condition which may affect your studies?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide further information.

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### Declaration (Please tick)

I authorise any licensed hospital or physician to initiate medical treatment for myself in case of medical emergency or for my child if he/she is under 18 years of age.

I confirm that I have read, understood and agree to be bound by Wakambi Academy's Terms & Conditions indicated on its website (academy.wakambi.net).

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

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* Required if student is under 18 years old



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### PHOTO/MEDIA RELEASE

NAME OF STUDENT: \_\_\_\_\_

#### PHOTO/NAME RELEASE

*(PARENT/GUARDIAN PLEASE SIGN BELOW IF PARTICIPANT IS UNDER THE AGE OF 18)*

I understand that Wakambi Academy can attract attention from the media and that it is used to promote ongoing partnerships between schools, community organizations, and employers. As the parent or guardian of the above named student, I hereby grant permission to release his/her name and photograph for promotional and educational purposes.

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Signature

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Date