



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

STUDENT ENROLLMENT FORM

COURSE TITLE

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.

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.

Signature

Date