

# APPLICATION FOR LEARNER ADMISSION



**DIONBURY**  
**GRAMMAR SCHOOL**  
**FACTUM PER LITTERAS**

## MISSION STATEMENT

Dionbury is committed to providing a safe and inclusive environment where every student can thrive academically, socially, and emotionally.

# Mission Statement

We're a vibrant community, dedicated to fostering academic excellence, creativity, and character development. Our grammar school provides a nurturing environment where students can grow, explore, and thrive.

**71 Goodhope Road, Westgate, Harare**

**Ph: +263 774 258 642 | Email: [info@dionburygs.com](mailto:info@dionburygs.com)**

## **APPLICATION FOR ADMISSION - DIONBURY GRAMMAR SCHOOL**

Thank you for your enquiry regarding the admission of your child to Dionbury Grammar School. To ensure that your application is processed timeously, please take note of the following:

### **A). SUPPORTING DOCUMENTATION REQUIRED:**

**CERTIFIED** copies of the following documents are to be submitted with this Application Form:

1. Most recent school report.
  2. **Two (2)** copies of the Learner's Birth Certificate. Please note that we reserve the right to request two copies of the unabridged birth certificate if necessary (this is obtainable from Home Affairs).
  3. Copies of each parent's Identity Document (copy of Death Certificate where relevant).
  4. For applications in the Form 1, copy of Grade 7 results - these are compulsory.
  5. Copy of a utility account (electricity/telephone) showing the full name of the parent and the corresponding physical address.
  6. Where applicable a copy of a court order granting legal guardianship is required.
- Applicants will not be considered for admission if they are not in possession of a Transfer Card from their previous school.

### **B) DIONBURY GRAMMAR SCHOOL ADMISSION POLICY:**

1. The Admissions Department will process all applications.
2. A processing fee of \$10 is payable on submission of an application form.
3. Incomplete applications and those without all the necessary supporting documentation will not be accepted.
4. Successful Applicants will be contacted to participate in an interview session accompanied by at least one Parent or Guardian.
5. The school may administer an academic screening test should the Admissions Committee deem it necessary.
6. Upon Acceptance, a NON-REFUNDABLE registration fee of \$50, (which will be credited to the child's school fee account), must be paid within **5 days** of acceptance in order to secure admission.

7. Should a particular Form be full, the application will be placed on our waiting list and parents will be notified accordingly. Successful applicants will receive a response as soon as a space becomes available.
8. In terms of our school policies, all existing learners at DGS are required to apply for re-registration annually. The School's Admission Committee reserves the right to refuse admission to a learner for the following reasons:
  - A). Blemished disciplinary record at the school.
  - B). Poor attendance/ punctuality.
  - C). Directive from the Finance Committee of the Board with respect to the payment of the school fee account.

9. Dionbury Grammar School is an independent school governed by a Board of Governors. While it is registered with the Zimbabwean Department of Education and is fully accredited to provide educational services by ZIMSEC, the Council for Quality Assurance, it is not bound by all the regulations applicable to state schools. As we are committed to providing quality education, our promotion requirements are set at a higher level than that of the state system.

10. The school is funded mainly by tuition fees paid by learners and the Board of Governors determines tuition fees annually. The 2025/2026 school fees are US\$1750 boarding, per term for Form 1.... Form 2.... Form 3.... Form 4.... Form 5.... Form 6....

If fees are paid in full by the end of February, a discount of 2.5% will be applicable. The normal payment term for school fees is six equal instalments, with the first payable by 31 January and the last instalment payable by 30 June.

All applications are to be completed in **BLACK** pen.

Each page is to be initialled at the bottom right hand corner by both parents/guardian and or surety.

ID PHOTOGRAPH

PLEASE PASTE ON

DO NOT STAPLE

# APPLICATION FORM

1. LEARNER'S SURNAME: .....
2. FIRST NAME: .....
3. DATE OF BIRTH: .....
4. RESIDENTIAL ADDRESS: .....
5. POSTAL ADDRESS: .....
6. PREVIOUS SCHOOL : ..... TEL NO:  
.....
7. PRESENT Form: .....
8. FORM APPLIED FOR: .....

## PARTICULARS OF FATHER/ GUARDIAN

1. PROF/DR/MR..... 2. SURNAME: .....
3. FULL FIRST NAME(s): .....
4. OCCUPATION (IF UNEMPLOYED STATE "UNEMPLOYED"): .....
5. NAME OF COMPANY: .....
6. WORK ADDRESS: .....
7. PERIOD EMPLOYED: ..... WORK TEL NO: .....
8. PERMANENT HOME ADDRESS: .....

..... HOME TEL NO: .....

9. PERIOD LIVING AT THIS ADDRESS: ..... RENTED/OWNED: .....

10. RELATIONSHIP TO PUPIL: ..... CELL NO: .....

11. EMAIL ADDRESS: .....

12. DOES THE PUPIL RESIDE AT THE ADDRESS GIVEN IN QUESTION 8 ABOVE? YES/NO

13. If the pupil does not reside with the parent at the address given in question 8, the following particulars of the person with whom the pupil resides must be furnished

PERSONS' SURNAME:.....FIRST NAME: .....

PERMANENT HOME ADDRESS: .....

.....TELEPHONE NUMBER:.....

RELATIONSHIP TO PUPIL:.....CELL NO:.....

**PARTICULARS OF MOTHER/ GUARDIAN**

1. PROF/DR/MRS/MISS/: ..... 2. SURNAME: .....

3. FULL FIRST NAME(s): .....

4. OCCUPATION (IF UNEMPLOYED STATE "UNEMPLOYED"): .....

5. NAME OF COMPANY: .....

6. WORK ADDRESS: .....

7. PERIOD EMPLOYED: ..... WORK TEL NO: .....

8. PERMANENT HOME ADDRESS: .....

..... HOME TEL NO: .....

9. PERIOD LIVING AT THIS ADDRESS: ..... RENTED/OWNED: .....

10. RELATIONSHIP TO PUPIL: ..... CELL NO: .....

11. EMAIL ADDRESS: .....

**HEALTH PARTICULARS**

DOCTOR'S NAME: ..... TELEPHONE NO.....

In the event of an emergency, when the particular doctor, dentist of my choice is not available, I undertake to accept the Schools' choice.

**1. PREVIOUS ILLNESS (NATURE AND SERIOUSNESS)**

.....  
.....  
.....

**2. DOES THE PUPIL HAVE ANY PHYSICAL IMPAIRMENTS (e.g. Hearing, Eye, etc.) WHICH MAY AFFECT HIS/HER LEARNING AT THE SCHOOL?**

.....

IF YES PLEASE DESCRIBE IN FULL: .....

HOW DOES IT AFFECT HIM / HER? .....

WHAT MEDICATION IS REQUIRED? .....

**3. DOES THE PUPIL TAKE ANY CHRONIC MEDICATION? .....**

IF YES PLEASE STATE: .....

**CONTACT PERSON IN CASE OF EMERGENCY (OTHER THAN FATHER, MOTHER OR GUARDIAN)**

NAME & SURNAME: .....

RELATIONSHIP TO CHILD: .....TELEPHONE NO W): .....

(H): .....

(CELL): .....

# Parent Checklist

Please check whether all the documents listed on the checklist below have been submitted. All applications are to be completed in **BLACK** pen. Each page is to be initialled at the bottom right-hand corner by both parents and/ or surety.

1. Learners Birth Certificate/ Identity Document	
2. Latest Report	
3. Certified copies of Identity Documents of both Parents	
4. Certified Copy of Proof of Residence (Water/Electricity /Telkom Account)	
5. Certified Copy of Proof of Income i.e. Pay slip or Bank Statement	
6. Co – Surety I.D	
7. Applicants for A' Level are to supply their subject choices	

## PLEASE TAKE NOTE OF THE FOLLOWING:

- 1. Failure to submit any of the above documents could result in the non-ADMISSION of your child. Applications containing false /fraudulent statements/ information will not be considered when placements are finalised.**
- 2. If a Parent/Guardian gains admission for his/ her child/ward to this school by making a false statement either to the school or in this application form (including place of residence), the school reserves the right to revoke the agreement which allowed the learner concerned admission to this school.**

## FOR OFFICE USE ONLY

1. Learner's Birth Certificate/ Identity Document	
2. Latest Report	
3. Certified copies of Identity Documents of both Parents	
4. Certified Copy of Proof of Residence (Water/Electricity /Telkom Account)	
5. Certified Copy of Proof of Income i.e. Pay slip or Bank Statement	
6. Co – Surety I.D	
7. Transfer Card on the First Day of School	
8. \$10 Admission fee upon submission of the Formal Application Form	
9. Applicants for A' Level are to supply their subject choices.	
10. Confidential reports are to filled and returned to us by the school.	

	APPROVED	NOT APPROVED	SIGNATURE	DATE
ACADEMIC COM				
ADMISSIONS COM				
FINANCE COM				

	DISCUSSED	PARENT/ GUARDIAN SIGNATURE	FINANCE SIGNATURE	DATE
PAYMENT PLAN				
NON-REFUNDABLE REG FEE				
WITHDRAWAL NOTICE				



**DIONBURY**

71 Goodhope Road, Westgate, Harare 71 Goodhope

GRAMMAR SCHOOL

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info@dionburygs.com

Website: www.dionburygs.com Website:

w.dionburygs.com

## **CONSENT AND UNDERTAKING**

I/ We (Full Names of both Parents) .....

The parents of (Full name of learner) .....

Hereby acknowledge that:

### **A. SCHOOL FEES**

1. I/ We shall be liable for school fees as levied by the Board of Governors of Dionbury Grammar School.
2. If school fees are in arrears, the school is entitled in its sole discretion to exclude my/our child/ ward from certain or all school activities.
3. Should I/we experience financial difficulty and wish to apply for an extension of time or any other relief that may be available, then the onus is on me/ us to apply to the school for such an exemption and to provide the information required to enable the school to determine the form and quantum of relief/ exemption to be allowed.
4. The following conditions apply to the payment of school fees:

FEES ARE PAYABLE IN ADVANCE: EITHER IN FULL OR SIX EQUAL MONTHLY INSTALMENTS (JANUARY-JUNE).

5. If the fees are paid in full by the end of February, a 2.5% percent discount will be given.

6. I/we elect to pay school fees as follows:

- a) In Full
- b) Over six months

I/we understand that:

- 6.1 A **NON-REFUNDABLE** Registration fee of US\$50 to be credited to the school fee account, is payable on acceptance.
- 6.2 That by my/our signature hereto, I/we accept that I/we are jointly responsible for any amount outstanding or due to the school from me to me.
- 6.3 A full term's notice in writing addressed to the Principal is required before the learner can be removed from the school. In the event of failure to furnish the school with a full term's notice, I /we will be liable to pay the school an additional sum equivalent to one term's school fees, in lieu of notice prior to my/our removing the learner from the school.
- 6.4 I/we will be liable to pay all costs incurred for damage done or losses incurred to school property, books or equipment due to the actions of my child/ ward.
- 6.5 I/we will be liable to pay costs on the Attorney/ client scale in the event of proceedings being instituted to recover fees by either an Attorney or Debt Collection agency.
- 6.6 I/we need to inform the school within ten days, in writing of any changes to my/our address.
- 6.7 In the event that the learner has only one parent, a suretyship shall be completed by a third party.
- 6.8 I/we hereby consent and authorize the school or its agent to request and obtain information from any credit provider (or potential credit provider) or Registered Credit Bureau relevant to an assessment of the behaviour, profile, trade reference, payment patterns, indebtedness and whereabouts regarding the parents' dealing with the school.

I, the undersigned.....

Hereby interpose and bind myself jointly and severally as surety in solidum for the co- principal debtor with

.....  
(hereinafter referred to as the PARENT/GUARDIAN) for the due payment of all such sum or sums of money which the Parent may now or in the future owe to Dionbury Grammer School from any cause of indebtedness whatsoever, whether now or existent or which may come to being in the near future, and for the due and proper fulfilment by the Parent of all obligations which the Parent may now or in the future be bound to perform in favour of the School. I hereby renounce the benefits of excussion and division.

I hereby choose domicilium citandi et executandi at:

.....  
.....  
.....

SIGNED AT.....THIS.....DAY OF.....20.....

SIGNATURE .....

WITNESS 1.

.....

WITNESS 2.

.....

.....

Date

**B. SCHOOL ACTIVITIES:**

- 7. I/we give our consent for the learner to take part in any and all activities of the school, whether conducted on the school premises or elsewhere and whether conducted during school hours or extramurally, including but not limited to games, athletics meetings, tours and excursions of general, recreational, educational, historical, cultural or scientific interest.
- 8. I fully understand and accept that all such activities shall be undertaken at the learner’s own risk, and I/we undertake on behalf of myself/ourselves, my/our executor and the learner to indemnify and hold harmless the school, the Principal and his staff, their agents and contractors, against and from any or all claims of whatsoever nature which may be brought or made against them in connection with any loss or damage to the person or property of the learner in the course of such activities.
- 9. I/we on behalf of myself/ourselves, my/our executor and the learner do hereby waive and abandon any claim of whatsoever nature which I/we may have or acquire against the school, the Principal, his/her staff, their agents and contractors, arising out of or in connection with the learner’s attendance at the school.

**C. UPHOLDING THE SCHOOL ETHOS AND CODE OF CONDUCT:**

- 10. The learner shall abide by the rules and regulations of the school, in force at the present or future.
  - a. Discipline at the school is the responsibility of the Principal, whose decision in all matters shall be final. The Principal may in his/her discretion refer cases to a disciplinary committee established by Board of Governors.
  - b. In the event that the learner breaks any of the rules or regulations of the school, the Board of Governors shall have the power to expel the learner, and in this event I/we shall be liable for all fees and disbursements for the school term in which the learner is expelled.
  - c. The learner shall attend the school regularly and punctually from the first to the last day of each term. If the learner is absent from school, I/we undertake to provide the school with explanation for the absence in writing. If the learner is absent for more than (2) days, I/we shall telephone the school and inform the school of the nature of absence and if the learner is absent on medical grounds, provide the school with a medical certificate on the learner’s return to school.

.....  
**SIGNATURE FATHER/GUARDIAN**

.....  
**SIGNATURE MOTHER/ GUARDIAN**

.....  
**DATE**

**DECLARATION**

I (Full names & surname).....

I.D Number....., as parent/ guardian, declare that the information furnished in this document is true and correct. I also undertake and agree to:

- a). Inform the school of any change to the information provided with the application.
- b). Ensure that the learner attends school regularly.
- c). Assist the learner in complying with the Code of Conduct as laid down by the Board of Governors.
- d). Ensure the timeous settlement of school fees.
- e). Ensure that the learner is present at the activities when he/she is called upon to represent the school.
- f). Ensure that the learner participates in at least one sport or cultural co-curricular activity per term.
- g). Support Dionbury Grammer School decisions on disciplinary matters and endeavour to ensure that my child accepts both the responsibility and the consequences for his/ her actions; and
- h). I further consent to:

This learner’s participation in the school’s extra-mural programme. This consent is hereby given by my signature below and, provided that the relevant staff member/s act in a responsible manner, I indemnify the school and its employees of any liability if this learner is injured whilst participating in any of the above mentioned activities or during his/ her participation in the Physical Education component of the Life Orientation (LO) programme (unless medically exempt) and any organized activities, including educational visits, tours and expeditions.

.....  
**SIGNATURE FATHER/GUARDIAN**

.....  
**SIGNATURE MOTHER/ GUARDIAN**

.....  
**DATE**

**CONSENT BY A PARENT / GUARDIAN**

**TESTING FOR SUBSTANCE ABUSE**

**I, (FULL NAME)**

the parent/ guardian of ....., a learner at Dionbury Grammer School do hereby give the permission to the Principal or his/her delegate to conduct testing on my child / ward for substance abuse. I understand that the procedure will entail a urine sample.

I also understand that if the results of the test indicate evidence of substance abuse, I shall be called in urgently to discuss the matter with the Principal. I also accept the assurance that the tests will be conducted in a discreet and confidential manner and that all findings and results will be treated as absolutely confidential.

.....

**Signature of Parent/ Guardian**

.....

**Date**

.....

**Witness 1**

.....

**Date**

.....

**Witness 2**

.....

**Date**



**DIONBURY**  
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774 258 642

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The Principal

**CONFIDENTIAL REPORT ON LEARNER**

The under-mentioned learner has applied for admission to Dionbury Grammar school:

SURNAME .....FIRST NAME: .....

PRESENT LEVEL: .....

Kindly assist in evaluating this learner's application by completing the following report and returning it to the school as soon as possible.

Yours Faithfully

.....

Mrs M Richardson  
Director of studies

	EXCELLENT	GOOD	FAIR	POOR
1. Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude to Schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Payment of school fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any other comments				

.....  
Principal

.....  
School Stamp