

NDOLA TRUST SCHOOL

(Trust School Limited)
"Success through Hard Work"



SECONDARY APPLICATION FORM

PART 1: PARTICULARS OF PUPIL. SURNAME _____FORENAMES_____ SEX_____NATIONALITY____ DATE OF BIRTH_____PROPOSED DATE OF ENTRY____ GRADE APPLIED FOR ______ PREVIOUS SCHOOL ______ TOTAL MARKS OBTAINED IN GRADE RELIGIOUS DENOMINATION ______ PART 2: PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES. SURNAME ______FORENAMES_____ RALATIONSHIP TO PUPIL_____ NATIONALITY_____ NATIONAL REG.CARD NO.____ OCCUPATION _____ EMPLOYER _____ BOX NUMBER_____TEL .No. (Work)._____ (Home) _____ RESIDENTIAL ADDRESS I wish to apply for the enrolment of the child named above as a pupil at NDOLA TRUST SCHOOL. If the child is enrolled as a pupil, I agree: (a) to accept full responsibility for the payment of the prescribed fees in full. to ensure that the pupil will observe and be subject to the rules and discipline of the school. that should any detail of the above application be found to be false, the child will immediately forfeit his/her place at the school. (d) to support the PTA in meeting its obligations. **DATE** SIGNATURE OF PARENT

Plot 578 Freedom Way
P O Box 70491 Ndola, Zambia
Mobile Numbers: +260955 993202/+26097 6472088
Email:ndolatrustschool@zambia.co.zm
Website: www.ndolatrustschool.edu.zm