

# UMAA INTERNATIONAL GROUP OF INSTITUTIONS



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0774 065 278  
077 4 065 284  
073 3 811 196

UMAA INSTITUTE ZIMBABWE, MARONDERA  
UMAA INSTITUTE HARARE, MSASA  
UMAA ELITE COLLEGE, 94 SELOUS AVE, HARARE  
UMAA INSTITUTE OF AGRICULTURE, MARONDERA  
P. O BOX 633 MARONDERA  
Email: umaauniversity@live.com

Date of Registration:     /     /

Name of UMAA Institution: \_\_\_\_\_

Faculty: \_\_\_\_\_

Program/Form: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

National I.D Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

## **SUBJECTS ENROLLED FOR:**

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

Name of Parent/Guardian Responsible for Payments: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_

People allowed to visit the child:(Maximum 5 people):

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Guardian's Residential Address: \_\_\_\_\_

Guardian's Business Address: \_\_\_\_\_

Guardian's Telephone: **Land** \_\_\_\_\_ **Cell:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**QUALIFICATION ATTAINED**

Last School Attended: \_\_\_\_\_

Academic Level Attained: \_\_\_\_\_

List of subjects taken at GCSE 'O' LEVEL or any other qualifications attained.


**Guardian's/Student's Commitment Statement**

The fees for Registration, tuition, general purpose, library levy and student I.D are not refunded once paid to the INSTITUTE.

I understand that upon registration of the above student, I will be personally liable for his/her school fees.

**Guardian's Signature:** \_\_\_\_\_

I student \_\_\_\_\_ certify that the above statements are true and correct.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Date enrolled:    /    /    /

Principal's Signature: \_\_\_\_\_