



ICT Department  
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Phone : 0999717832

**ZOMBA CATHOLIC SECONDARY SCHOOL**  
**Department of Information and Communication Technology**

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**ICT SHORT COURSES**

**APPLICATION FORM**

*(Fees to be deposited to the following bank account: Bank name:FDH, Account Name: Zomba Catholic Secondary School, Account Number,1210100471009, Branch :Zomba.Attach the deposit slip to the form)*

**1.PERSONAL INFORMATION**

First Name  Last Name  Middle Name

Gender  Origin  Current home of residence

Email  Cell 1  Cell 2

Id Number  Type of Id  ( Attach a copy of the Id)

**2. ACADEMIC INFORMATION**

Highest Qualification

Institution  Year of completion

**3. SHORT COURSES**

Which short course(s) are you applying for? *Please tick.*

Microsoft office packages ☐ Web Development ☐ Programming in C++ ☐  
Graphics Designing ☐

#### 4. TIME TO ACCESS LESSONS

Lessons are practical oriented. Students will be learning for two hours per day. Which session are you applying for?

07:30am to 09:30am ☐ 09:30am to 11:30am ☐

01:00pm to 03:00pm ☐ 03:00pm to 05:00pm ☐ 05:00pm to 07:00pm ☐

#### 5. GUARDIAN INFORMATION

Full name of the guardian

Contact phone number

Relationship with the guardian

#### 5. FEES PAYMENT

You will be required to make full payment of fees before commencement of classes. Do you agree? (tick)

Strongly agree ☐ Am not sure ☐ I don't agree ☐

#### 6. STUDENT DECLARATION

I \_\_\_\_\_, hereby declare that the information I have provided above is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

*(This section is to be completed by the accounts department)*

Approved by \_\_\_\_\_ Date \_\_\_\_\_

For the office of the bursar