



THE TEACHING COUNCIL OF ZAMBIA

INFORMATION NEEDED FOR ONLINE INSTITUTION REGISTRATION FORM

School Name:

Physical address:

Postal address:

Fax:

Phone number:

Cell number:

Website:

Email: The applicant will be notify using this email

Location:

Status:

Classification:

Year Founded:

District:

Affiliation:

Act:

ZRA or EMIS:

PACRA or EMIS:

Ownership: if lease how long is the lease

Zone: Zone