

	<h1 style="margin: 0;">ST. JOHN GIRLS' PRIMARY SCHOOL</h1> <p style="margin: 0;">P.O Box 48 Mangochi, Malawi</p>				Passport photo
	 Mangochi, Malawi	 0992 595 453/0999 360 695	 www.saintjohnmw.org	 info@saintjohnmw.org	

2024/25 REGISTRATION FORM

FILL IN THE FORM IN BLOCK LETTERS

SECTION 1: PARTICULARS OF STUDENT										
SURNAME:					FIRST NAME(S):					
DATE OF BIRTH (DD/MM/YY):				AGE:		PLACE OF BIRTH:				
COUNTRY OF BIRTH:			DISTRICT OF ORIGIN:			T/A:				
HOME VILLAGE:			PLACE OF RESIDENCE:			DISTRICT:				
DENOMINATION:					NATIONALITY:					
DO YOU HAVE ANY DISABILITY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE SPECIFY:						
PREVIOUS SCHOOLS ATTENDED:		SCHOOL NAME:								
		ADDRESS:								
		SCHOOL NAME:								
		ADDRESS:								
ARE YOU A ROMAN CATHOLIC:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS						
NAME OF CHURCH:				PARISH NAME:						
DIOCESE NAME:			BAPTISM	DATE (DD/MM/YY):						
				PLACE:						
				NUMBER:						
			CONFIRMATION	DATE (DD/MM/YY):						
				PLACE:						
				NUMBER:						
SECTION 2: PARTICULARS OF PARENTS/GUARDIAN										
SURNAME:					FIRST NAME(S):				TITLE	
OCCUPATION:				EMPLOYER:						
POSTAL ADDRESS:					HOME ADDRESS:					
MOBILE NUMBER(S) {TICK WHATSAPP NUMBERS}					EMAIL ADDRESS:					
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PLACE OF RESIDENCE:						
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DISTRICT:						
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DISTRICT OF ORIGIN:						
RELATIONSHIP TO STUDENT:			NATIONALITY:							

SECTION 3: DECLARATION BY PARENTS/GUARDIAN

1. I apply for the enrollment of standards 5 6 and 7 student at St. John Girls' Primary School;
 2. I agree that she will abide by all the rules and regulations of the school as specified;
 3. I also understand that attendance at all times of learning activities is compulsory;
 4. I accept responsibility for ensuring that fees are paid by before opening school through Bank Account of the School and finish the end of the month each term;
 5. I understand all medical and other information which may be relevant to my ward's development and safety at school should be communicated to the school;
 6. I agree that in my absence, the Headteacher and staff shall be empowered to act on my behalf as a parent/guardian with regard to my ward;
 7. I understand that in the event of medical emergency, every attempt will be made to contact parents/guardian and that where this is impossible the Headteacher or his/her designated substitute will give his/her consent, on my behalf, for the treatment of my child by a medically qualified practitioner;
- I certify that all the information given in this form is correct. I understand that failure to comply with any of the above may lead to suspension or exclusion of my ward.

NAME		SIGNATURE		DATE	
------	--	-----------	--	------	--

ADDITIONAL NOTES:

PLEASE BRING THIS REGISTRATION APPLICATION FORM DURING ENTRANCE EXAMINATIONS WITH;

1. Deposit Bank slip of Registration Fee
2. 1 Passport size photo
3. Black Pen, Pencil, Rubber and Ruler
4. A copy of the most recent School Report

Registration Forms

Call the following

Prophecy Kahingwe – 0997 384 515 – Magochi

Jacob Nembo – 0995 887 803 – Dedza

Arthur Kanyenge – 0888 033 645 – Lilongwe

Lawrence Khaorea – 0999 614 683 – Blantyre

The Registration Form can also be downloaded at www.saintjohnmw.org/downloads

Integral Education for Girls