



# ST. JOHN GIRLS' SECONDARY SCHOOL

*Integral Education for Girls*

Mangochi, Malawi

0992 595 452 | 0999 360 695

info@saintjohnmw.org

Passport  
photo

## 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 SCHOOL 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 form one student at St. John Girls' Secondary 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;
8. 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	
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**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 Kachingwe – 0997 384 515 – Mangochi

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](http://www.saintjohnmw.org/downloads)