

|                                                                                  |                                                                                                                        |  |  |                   |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--|-------------------|
|  | <h1 style="margin: 0;">ST. JOHN GIRLS' PRIMARY SCHOOL</h1> <p style="margin: 0;">P.O Box 48<br/>Mangochi, Malawi</p>   |  |  | Passport<br>photo |
|                                                                                  | <p style="margin: 0;">Mangochi, Malawi    0998 222 222/0881 486 810    www.saintjohnmw.org    info@saintjohnmw.org</p> |  |  |                   |

### 2026 REGISTRATION FORM

**NB: FILL IN THE FORM IN BLOCK LETTERS**

**REGISTRATION FEE: MK15,000**

| 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 **6**  **7**  and  **8** 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

Moses Mwamadi – 0993 080 162 – 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)

**Integral Education for Girls**