



ST. JOHN GIRLS' SECONDARY SCHOOL

Integral Education for Girls

Mangochi, Malawi 0992 595 452 | 0993 683 249 www.saintjohnmw.org info@saintjohnmw.org

Passport
photo

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 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

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