



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 FORM ONE 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;
 - ✓ *National Bank, St. John Girls' Secondary School, Acc. No.: 784958, Current Account, Mangochi Service Centre*
 - ✓ *Standard Bank, St. John Integral Education Centre, Acc. No.: 9100006618852, Current Account, Mangochi Branch*
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

Godfrey Nkhata – 0999 266 504 – Kasungu

Lawrence Khaorea – 0999 614 683 – Blantyre

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