



## St Patrick's International Academy

Email: academy@africa-online.net

Contact: 01 830 657 /715

### **APPLICATION FORM FOR A PLACE AS A DAY/BOARDING STUDENT**

*A non-refundable registration fee of K20,000.00 per student should accompany this form.*

#### **PARTICULARS OF THE STUDENT**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: (Passport/Id number) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Home Language: \_\_\_\_\_

#### **Last two previous schools:**

1. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Requested date of entry into St. Patrick's International Academy: \_\_\_\_\_

#### **Siblings names and ages:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

#### **Please attach the following documents:**

1. Copy of the child's birth certificate or copy of passport.
2. Two recent passport size photos of the child.
3. Recent school report

#### **PARTICULARS OF PARENTS OR LEGAL GUARDIAN:**

Father's Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

#### **Residential Status (please tick where appropriate)**

Malawian Citizen \_\_\_\_\_ BRP \_\_\_\_\_ TEP \_\_\_\_\_ International Org \_\_\_\_\_

Residential Address: (area/plot no) \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: Father \_\_\_\_\_ Mother \_\_\_\_\_



**St Patrick's International Academy**

Email: academy@africa-online.net

Contact: 01 830 657 /715

**PAYMENT OF SCHOOL FEES:**

**Details of person/company etc who is liable for payment of fees:**

Surname / Name of Company: \_\_\_\_\_

First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Office Number: \_\_\_\_\_ Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION:**

Please state if the child has any disabilities or medical condition: (eg, asthma, epilepsy, allergies etc)

\_\_\_\_\_  
\_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address of Practice/where Doctor can be found: \_\_\_\_\_

Other: (Please specify) \_\_\_\_\_

\*\*\*\*\*

**DECLARATION BY PARENTS:**

I/We (full names of parent/guardian) \_\_\_\_\_ are admitting our child

\_\_\_\_\_ as a pupil at St. Patrick's International Academy.

- a) She/he will be required to conform with the rules and regulations of the school.
- b) She/he will attend all sessions required by the school terms, including Saturdays, extra sport and cultural events. She/he will arrive and be collected punctually at all times.
- c) She/he will wear the school uniform with pride, ensuring it is clean and neat at all times. Hair should be trimmed and kept tidy, avoiding extreme hairstyles and cuts.
- d) I/we, accept full responsibility for payment of all fees in advance as and when payments are due.
- e) I/we will keep the school informed of any change in our personal details (ie contact numbers/address/place of work etc), to ensure quick contact with us in case of an emergency.
- f) I/we will notify the school one term in advance if I/We decide to withdraw the child from school.