



God's Grace Academy

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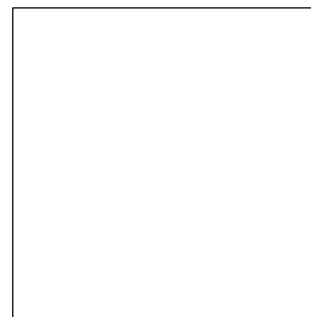
FORM ID NUMBER:

Bank Details: ECOBANK, ACCOUNT NUMBER: 5445000005427, ACCOUNT NAME: GOD'S GRACE ACADEMY

APPLICATION FORM FOR A PLACE AS A DAY SCHOLAR

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 God's Grace 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. *(Optional)*
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 _____

PAYMENT OF SCHOOL FEES:

Details of person/company etc. who is liable for payment of school 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: (e.g., asthma, epilepsy, allergies etc.)

Name of family Doctor: _____ Contact No: _____

Address of Practice/where Doctor can be found: _____

Other: (Please specify) _____

Student's Medical Scheme _____

Contact Number in case of Emergency: _____

DECLARATION BY PARENTS:

I/We (full names of parent/guardian) _____ are

admitting our child _____ as a student at God's Grace 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.

.....
SIGNATURE (Father or 1st Guardian)

.....
SIGNATURE (Mother or 2nd Guardian)

DATE.....



IF THE PERSON COMPLETING THIS FORM IS NOT THE PARENT OR LEGAL GUARDIAN:

Surname..... First name(s).....

Occupation or Position:

Relationship to prospective student, parent or legal guardian:

Employer:..... Position.....

Postal Address:.....

Telephone:.....

Why is this application not being made by the parent or legal guardian?

.....
.....

.....
SIGNATURE

.....

ID NUMBER

DATE.....

