St. Kizito
CATHOLIC PRIMARY SCHOOL

P.O.Box 2288
Chilomoni
Blantyre

(+265) 999 038 077 | 884 417 257
Saint Kizito Catholic Primary School
office@maryqueenofpeace.africa
www.stkizito.org

PUPIL APPLICATION FORM – Complete using block letters

Section 1 - Particulars of student:					
Surname:		First Name(s):			
Gender Male ☐	Female ☐				
Date of birth:		Age:		Place of birth:	
Country of birth:		District of origin:		T/A:	
Home Village:		Place of residence:			
Religion:		Nationality:			
Any disability?	Yes ☐ No ☐	If yes, please specify:			
Previous school(s) attended:					
School name:		School address:			
School name:		School address:			
Which standard are you applying for?	Standard 1 ☐ Standard 2 ☐ Standard 3 ☐ Standard 4 ☐ Standard 5 ☐ Standard 6 ☐				

If you are a Roman Catholic, please provide the following details:			
Baptism Date:		Parish Name:	
Baptism Place:		Confirmation Date:	
Baptism Number:		Confirmation Place:	
Parish Priest's Name:		Confirmation Number:	
Parish Priest's Signature:		Parish Stamp:	
Section 2: Other Information			

Allergies: If your child has any allergies please specify - use a separate sheet if necessary:	
Special Medical Requirements. Please provide full details – use a separate sheet if necessary:	
Does the pupil have brothers or sisters who are also applying to Carlo Acutis High School? If so, give their names.	

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Does the pupil have brothers or sisters who are applying to St. Kizito Primary School? If so, give their names.
Does the pupil have brothers or sisters who **are at** or are applying to Mother Teresa Children's Centre? If so, give their names.

Section 3: Particulars of Parents/Guardians			
Parent / Guardian		**Emergency Contact Details – to be contacted if parent or guardian cannot be contacted:**	
Surname:		Surname:	
First Name(s):		First Name(s):	
Address:		Address:	
Occupation:		Occupation:	
Email Address:		Email Address:	
Phone (1)		Phone (1)	
Phone (2)		Phone (2)	
Nationality		Nationality	
Relationship to Student:		Relationship to Student:	

Section 4: Declaration by Parents/Guardian

1. I agree that he/she will abide by all the rules and regulations of the school as specified;
2. I understand that attendance at all school events and activities is compulsory;
3. I accept responsibility for ensuring that fees are paid before school opening each term and before the end of each month;
4. I understand all medical and other information which may be relevant to my child's development and safety at school, must be communicated to the school;
5. I agree that in my absence, the Head teacher and staff shall act on my behalf as a parent/guardian with regard to my child;
6. I agree that records are to be kept on my child for the purpose of my child's development and support;
7. I agree that photographs/videos may be taken of my child for purposes of the school, e.g., website, advertising, etc.
8. I agree that my child may be taken on trips outside of school premises during normal school hours;
9. In the event of a medical emergency, we will attempt to contact parents/guardian. If this is **not** possible, the Head Teacher (or a designated substitute) will give their consent for the treatment of my child by a medically qualified practitioner;
10. 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 the suspension or exclusion of my child.

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Signed:	Print Name:

Additional Notes:

Bring this completed registration application form to the school with:

1. 2 Passport size photos of your child.
2. A copy of your child's most recent School Report.
3. A letter of recommendation from your Priest, Pastor or Religious leader.

If your child is accepted into the school, termly Fees are K275,000 50% must be paid before start of each term; the remainder to be paid in two equal instalments at the start of the following two months.