



ATSIKANA PA ULENDO PRIVATE SECONDARY SCHOOL

Private Bag 75

Lilongwe.

Cell: 0999 921 451/0995 926 273/0881 859 210/
0881 741 247

Giving Girls a Voice, Giving Girls a Choice

E-mail: hmdyetseni@yahoo.com

STUDENT APPLICATION FOR ADMISSION

Please write neatly in BLOCK LETTERS. Application must be completed in full and submitted before your child will be considered for admission. This application must be accompanied by the non-refundable application (entrance) fee.

GENERAL STUDENT INFORMATION

Applicant's full name _____

Date of birth _____ place of birth _____

Current home _____

Home Telephone numbers: _____

Current Class _____ Applying for Form _____ Academic Year _____

PARENTS/GUARDIANS INFORMATION

Father's /Guardian's full name: **Hon/Prof/Dr/Mr.** _____

Occupation (Firm & position): _____

Contact Address: _____

Mobile Telephone Numbers: _____

Email address: _____

Mother's /Guardian's full name: **Hon/Prof/Dr/Mrs./Miss.** _____

Occupation (Firm & position): _____

Contact Address: _____

Mobile Telephone Numbers: _____

Email address: _____

PERSON TO CALL IF PARENTS ARE UNREACHABLE:

Full Name _____ Tel Numbers: _____

Relationship to Applicant: _____

SCHOOL FEES PAYMENTS:

Full Name of person or organization responsible for paying tuition fees of the applicant:

APPLICANT'S ACADEMIC HISTORY:

List other schools the applicant has attended before, beginning with the most recent:

1. School _____ classes: _____ Year(s) _____

School address: _____

2. School _____ classes: _____ Year(s) _____
School address: _____

Has the applicant ever had to repeat a class(es)? Yes ____ No _____. If yes, which class(es) and why?

Has the applicant ever skipped a class? Yes ____ No _____. If yes, please indicate the class(es) and the reasons:

Has the applicant ever been suspended or expelled from school for any reason? Yes _____ No _____. If Yes, please give the year for the suspension or expulsion and the reason(s):
NB:

Applicant's extracurricular interest, abilities and achievements:

APPLICANTS GENERAL MEDICAL INFORMATION

Please indicate any medical conditions of which the school and staff should be aware (e.g. asthma, epileptic etc):

What first aid treatment do you usually give her when the applicant is under the above conditions?

Please list any allergies of which the school and staff should be aware:

Does the applicant have any known handicaps (mental or physical) that would limit her participation in our education program? Yes ____ No _____. If yes, please explain:

OTHER SIBLINGS PRESENTLY AT A.P.U

Do you have other siblings presently at Atsikana pa Ulendo? Yes _____ No _____. If yes, write down below:

Name: _____ Form: _____

Name: _____ Form: _____

State your reason(s) for wanting your ward (the applicant) to attend Classes at this school:

ATSIKANA PA ULENDO (A.P.U) PRIVATE SCHOOL MISSION STATEMENT

The mission of the school is to inspire and empower girl students to be reliable, honest and dedicated through academic excellence, character formation, the spirit of self-reliance and self-initiative coupled with good leadership by giving girls a voice and a choice.

DECLARATION BY PARENTS/GUARDIANS

I/We have read and understood the application document and will support the policies of Atsikana pa Ulendo Private Secondary School and do hereby request that my/our ward (the applicant) be accepted as a student.

I/We have read the parent-student handbook and agree to abide by its procedures and policies. In consideration of Atsikana pa Ulendo Private Secondary School accepting my/our ward as a student, I/we will accept full financial responsibility for my/our child’s tuition and cost assessed for damage to books or school property. It is understood that failure to pay all tuition and fees may result in dismissal and the withholding of grades and transcripts of my/our ward until all financial obligations have been met as per the school’s tuition schedule. We also affirm that we are capable of reinforcing at home what will be taught at school.

Father’s/Guardian Signature

Mother’s/Guardians Signature

Date: _____

Date: _____