



Saint Andrew's international High School

APPLICATION FOR ENROLMENT

For more information on this document, please email office@saints.mw or call +265 891 000 547.

Section 1: Particulars of Student

Surname:		Forename(s)					
Date of Birth:		Sex:		Religion:			
Current/Previous School:							
Country of Origin/Nationality:							
Year Group Applied for:		Type of Application:	Boarding		Day		
Anticipated Date of Admission:							
Does the student have any siblings at SAIntS?	Yes		No				
If Yes, what House(s) are they in?							
Is English your child's first language?							
Please list any other languages spoken by your child.							

Section 2: Particulars of Parent/Legal Guardian

Surname:		Title:	
Forename(s):			
Occupation:		Employer:	
Postal Address:		Physical Address:	
Home Telephone		Business Telephone	
Email Address:		Mobile Number	



Residential Status:	Temporary		Permanent	
Which government do you pay taxes to?				
Country Of Origin:			Nationality:	
Who will be responsible for the payment of school fees?				
Whom should we contact first when calling your home?				

Section 3: Declaration by Parent/Legal Guardian

1. I apply for the enrolment of the student as a day/boarding student at St Andrew's International High School;
2. I agree that he/she will abide by all the regulations of the school as specified;
3. I also understand that attendance at House Activities and Clubs is compulsory;
4. I accept responsibility for ensuring that fees are paid by the end of the first week of each term;
5. I understand all medical and other information which may be relevant to my child'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 in loco parentis with regard to my child;
7. I understand that in the event of medical emergency every attempt will be made to contact the parent/guardian and that where this is impossible the Headteacher or her designated substitute will give his/her consent, on my behalf, for the treatment of my child by a medically qualified practitioner;
8. I agree to pay all medical fees thus incurred and will provide details of medical cover before my child enters the school. I understand that my child cannot be admitted into school without this information;
9. My son(s) daughter(s) shall attend all Swimming Galas and Sports Days to support the House or to participate;
10. If I decide to withdraw my child, before the end of an academic year, I agree to give the Headteacher one term's notice of this intention. I understand failure to do so will render me liable to pay the school fees for the subsequent term.
11. 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 the student.

Name: _____ **Signature:** _____ **Date:** _____

Additional Notes:

Please give this application to the admissions officer at the school's reception, together with the following:

1. A copy of the student's birth certificate / passport;
2. A copy of the most recent school report and/or Headteacher's reference;
3. 2 passport-size photographs;
4. Proof of Medical Cover;
5. The non-returnable Registration Fee of U\$226.00 per student, payable in Malawi Kwacha equivalent based on selling exchange rate ruling on 1st day of each term.

FOR OFFICE USE ONLY

Account No:			Student No:			Accounts Sign:		
Registration Fee:	Yes	No	Proof Of Age:	Yes	No	Copy of School Report:	Yes	No
Health:	Yes	No	Medical Cover Scheme:					
Name Of Interviewer:						Date:		
Years 7-11								
English Set:			Maths Set:			General Set:		
Verbal			Non Verbal			Quantitative:		
Years 12-13								
Subjects:								
SMT Recommendation								
Year		House		Signed:				
Headteacher's Signature:						Date:		

