



Carlo Acutis

CATHOLIC HIGH SCHOOL



P.O.Box 2288
Chilomoni
Blantyre

(+265) 999 038 071 | 884 417 267

Carlo Acutis High School

office@maryqueenofpeace.africa

www.carloacutishigh.org

PUPIL APPLICATION FORM – Complete using block letters

Section I - Particulars of student:

Surname:		First Name(s):	
Gender Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify:

Previous school(s) attended:

School name:	School address:
School name:	School address:

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:



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Does the pupil have brothers or sisters who are also applying to Carlo Acutis High School? If so, give their names.

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 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.

Signed:

Print Name:

Additional Notes:

Form 1 Entrance Exams will be held on Saturday 6th August. Bring this completed registration application form to the school with:

1. Registration Fee of K5000 (non-refundable)
2. 2 Passport size photos of your child.
3. A copy of your child's most recent School Report.

If your child is accepted into the school, termly Fees are K270,000 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.