



APPLICATION FORM

Love the Truth, Teach the Truth & Defend the Truth unto death

STUDENT DETAILS

SURNAME						
FIRST NAME						
AGE						
DATE OF BIRTH						
NATIONALITY						
PLACE OF BIRTH						
LANGUAGE SPOKEN AT HOME						
RELIGIOUS DENOMINATION						
RESIDENTIAL ADDRESS						
HEALTH PROBLEMS/ALLERGIES						
PREVIOUS SCHOOL						
MARKS/GRADE OBTAINED	MARKS SCORED	CUT OFF POINT				
GRADE APPLIED FOR						
APTITUDE TEST RESULTS	ENGLISH		MATHEMATICS		SCIENCE	

PARENTS/GUARDIAN DETAILS

FATHER/GUARDIAN	MOTHER/GUARDIAN
SURNAME	SURNAME
FIRST NAME	FIRST NAME
ID NUMBER	ID NUMBER
PHONE	PHONE
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
OFFICE PHONE	OFFICE PHONE
RELATIONSHIP	RELATIONSHIP
EMMERGENCY CONTACTS:	

FOR OFFICIAL USE ONLY

PRINCIPAL'S COMMENT		
Accepted	Waiting list	Not accepted

DECLARATION

As Chisamba Girls Academy, we pledge ourselves that we will do the best we can to expose your daughter to a secure and character molding Christian environment during her stay with us.

We assume that the results given on registration are legitimate. The school will subject the given results to verification with Examination Council of Zambia.

Declaration by Student

I..... hereby agree to be registered at Chisamba Girls Academy. I will act responsibly towards my fellow students, members of staff and school property. And I have read the regulations that govern the school and bind myself to the School Rules.

Signature..... Date

Declaration by Parent/Guardian

I ID No..... undertake to be supportive to the school as it grooms my child and also undertake to pay the prescribed School Fees for my child. I hereby transfer my authority and right of disciplining my child to the school authority as long as my child is registered at Chisamba Girls Academy.

Signature Date

Principal Date