

STUDENTS ENROLLMENT AND REGISTRATION FORM

Admission form for session 2025-2026

Admission No: _____

Date: ____/____/2025

Admission sought for Form: _____

(USE CAPITAL LETTERS ONLY)

Surname: _____ First Name: _____ Other Names: _____

Date of Birth: _____ Age: _____ Sex: _____

Religion: _____

Place of Residence: _____

Highest Class Attended: _____ Class Applied for: _____ Academic Year: _____

Previous School Attended: _____

Any allergies or health problems: _____

PARENT/GUARDIAN/SPONSOR'S DETAILS

Full Name: _____

Physical Address: _____

Phone Number: _____ Email Address: _____

PARENT/GUARDIAN/SPONSOR'S DECLARATION

I _____ the parent/guardian/bona-fide sponsor of _____ do hereby solemnly declare and affirm that information given in this form is true to the best of my knowledge. I have carefully read the prospectus and agree to abide by the rules, regulations and procedures laid down there in and accept that may change from time to time at the directions of the school management and I will pay all my school fees and allied charges in that stipulated time. In case I withdraw my children, I will have no claim of any amount remitted as school fees.

Signature _____

Date: _____

FOR OFFICE USE ONLY

I _____ certify that I have checked the application form and the relevant papers are found in order.

Signature: _____

Date: _____

Admitted to Class: _____ Fee Receipt No: _____ Date: _____ issued.

Details of amount received:

Registration Fees	:	MK 5,000.00
Medical Fees	:	MK 5,000.00
Tuition Fees	:	MK100, 000.00
Boarding Fees	:	MK320, 000.00

School Uniform

Shirt and Trouser (Boys)	:	MK62, 000.00
Blouse and skirt (Girls)	:	MK62, 000.00
Jersey	:	MK30, 000.00
Neck Tie	:	MK8, 000.00

Total: _____

Mode of Payment

50% of the fees to be payable within the first month of school opening and the balance to be paid during the following month.

Bank Details:

Name of Account	:	Skyline Private Schools
Name of Bank	:	Standard Bank
Account Number	:	9100007470050
Branch Name	:	Lilongwe
Account Type	:	Current Account

Name of Account	:	Skyline Private Schools
Name of Bank	:	First Capital Bank
Account Number	:	0027502002554
Branch Name	:	City Mall
Account Type	:	Savings Account

Office Stamp

Admission considered by the school is in accordance with the provisions of the Board & approved on:

Date: _____

Head Teachers Signature: _____