



EDGE VIEW ACADEMY REGISTRATION FORM

P.O. Box 1675, Area 3, Lilongwe

Telephone: +265 999 911 599 /+265 999 453 856

Email: admin@edgeviewacademy.com website: www.edgeviewacademy.com

PRESCHOOL, PRIMARY ENROLLMENT FORM

This Application Form must be completed in full and accompanied by:

- ❖ A birth report/Certificate
- ❖ A passport size photograph of the student
- ❖ Confidential health questionnaire from your clinic
- ❖ A full year's report from the previous school
- ❖ Transfer letter from the previous school

Class applied for:.....Date of Application:.....

PARTICULARS OF THE STUDENT

Family Name: Legal Names:

Date of birth: Sex:

Nationality: Religion:

Allergies: YES/NO If YES please Specify:

Tick the box which best describes your child's use of the English language:

Spoken fluently Spoken with difficulty Not spoken

Tick the box which best describes your child's reading level.

Fluent Average Below Average

EDUCATIONAL HISTORY

Last school attended: _____

Class: _____

Number of years of study: _____

siblings at Edge View Academy: _____

	Name	Class
1		
2		
3		
4		

For school office use only:

Date of admission

Application Form: _____ / _____ / 20 _____

Registration paid MK _____

DETAILS OF PARENTS OR LEGAL GUARDIANS

Family name:

First name (s) for guardian _____ Title: _____

Nationality: _____

Occupational: _____

First name(s) for guardian _____ Title: _____

Nationality: _____

Occupation: _____

Address and Contacts

P.O. Box: _____

Telephone: home _____ Father's work _____ Mother's work _____

Email address: _____

Other numbers for emergency: Contact

Family doctor

Name: _____ cell: _____

FIRST AID

Do you give consent for your child to receive first aid if they injured or have suddenly fallen ill?

YES

NO

DECLARATION BY PARENTING/LEGAL GUARDIANS

I/We

Being the parent/legal guardian of the above named prospective student, I hereby accept full Responsibility for the payment of school fees for the student at the time required by the school:

.....
Signature (1st Guardian)

Signature (2nd Guardian)

Date:

Fees structure

ADMINISTRATION FEES (Only new students)		
Section	Assessment (MK)	Registration (MK)
Pre-school	20,000	50,000
primary	20,000	50,000
Highschool	25,000	50,000
STATIONARY (Once a year)		
Section	Amount (MK)	
Baby class	60,000	
Middle - Reception Class	100,000	
Year 1 - Year 6	150,000	
Year 7 - Year 9	200,000	
TUITION FEES PER TERM		
Class	Amount (MK)	
Baby	380,000	
Middle	400,000	
Top	450,000	
Reception	480,000	
Year 1	550,000	
Year 2	575,000	
Year 3-4	600,000	
Year 5	625,000	
Year 6	675,000	
Year 7-8	800,000	
Year 9	850,000	
Uniforms		
Section	Amount (MK)	
preschool	100,000	
primary	160,000	
High school	180,000	
Sports	30,000	
TRANSPORT (Monthly)		
Area	One-way (MK)	Both-Way (MK)
Surrounding Area 3	60,000	80,000
Other Areas	80,000	100,000
AFTERNOON CLASSES PER TERM (MK)		
80,000		

Note:

- Fees are paid in installments. 50% is payable on the first day of school and the balance 50% is paid at the end of the communicated month.
- School fees can only be paid through the bank at the following accounts

Payment	Bank	Account Number
Fees	Standard	9100005229003
	National	1006431042
	CDH	0030215302401
	FDH	19200000187475
Transport		1010451244
