

Blantyre Baptist Academy

APPLICATION FORM

STUDENT PERSONAL DETAILS

Name of student _____ Sex _____ Form _____

Date of birth: Day _____ Month _____ Year _____

Previous School Attended _____ Church affiliation _____

Any Special Ability _____ Disability _____

List any achievements/ awards your son/ daughter has attained/achieved _____

Briefly explain what your child/ ward knows about Jesus Christ _____

What behavior problems if any is your child /ward struggling with? _____

Why have you chosen Blantyre Baptist Academy? _____

How did you hear about us?

Facebook

WhatsApp

Tv Advert

Newspaper

Other (Please specify)

What are your child's/ward's educational goals? _____

Has your son/daughter ever been dropped/ expelled/ suspended from school? If so, please explain _____

What sporting activities does your child physically qualify to participate in? (tick appropriately)

_____ Field hockey

_____ Soccer

_____ Basketball

_____ Softball

_____ Volleyball

_____ Baseball

_____ Running

_____ Netball

PARENTS DETAILS

Name of Parent/ Guardian _____ Religion _____

Postal Address _____ Phone (Res) _____

Residential Address _____ e-mail address _____

District of Origin _____ Nationality _____

Place of employment of father _____ Phone (o) _____ Cell: _____

Place of employment for mother _____ Phone (o) _____ Cell: _____

Please attach:

- i) Copies of previous school report
- ii) Reference from head master of previous school

MEDICAL DETAIL

Name of Medical Aid: _____ Scheme: _____

Identity Number: _____ Preferred hospital in Blantyre: _____

Doctors' name: _____ telephone number: _____

Any allergies prone to health problem _____

Any challenge that the school should be aware of _____

Physical disability that the school should be aware of _____

State if the student has suffered from any nervous/mental/emotional disorder _____

Signature of Parent/ Guardian: _____ Date: _____

Please indicate below by ticking which curriculum your ward is going to study

MSCE	
Day scholar	Boarder

IGCSE	
Day scholar	Boarder

FOR OFFICIAL USE

RESULTS OF ENTRY EXAMINATION

ENGLISH

MATHS

SCIENCES

MARKS %

RANK

EXAMINATION OFFICER'S COMMENTS _____

SIGNATURE: _____ DATE: _____

HEAD MASTER'S COMMENTS _____

SIGNATURE: _____ DATE: _____