

# KAMUZU ACADEMY

## APPLICATION FOR ENTRY – LOWER SIX

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Nationality: \_\_\_\_\_ District of Origin (If Malawi) \_\_\_\_\_

Religion: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_ Home Tel: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **PRESENT SCHOOL**

Name of Headmaster: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

### **PARENTS DETAILS**

Full Name (Father): \_\_\_\_\_ Occupation: \_\_\_\_\_

Organisation: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Full Name (Mother): \_\_\_\_\_ Occupation: \_\_\_\_\_

Organisation: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Name any relatives at Kamuzu Academy: \_\_\_\_\_

I hereby apply to sit the Entrance Examination for Kamuzu Academy

I enclose:

- (a) US\$ 50 registration fees (non refundable)
- (b) 6 passes (A\* - C) in (I)GCSE (including English & Mathematics)
- (c) Copy of Birth Certificate or other proof of date of birth

Please return this form to:

The Admissions Officer

Kamuzu Academy

P/Bag 1

**MTUNTHAMA**

e-mail: [academic@ka.ac.mw](mailto:academic@ka.ac.mw)