



MOUNT VIEW INTERNATIONAL PRIMARY SCHOOL

P.O. Box No 5023—Limbe, Rep of Malawi.

+265 880 64 94 33/ +265 211 84 61

✉ headteachermvips@gmail.com/adm@chismw.com

🌐 www.mountviewmw.com

STUDENT ADMISSION FORM

STUDENT INFORMATION (As appears in Passport or Birth Certificate)			Adm
First Name	Middle Name	Last Name/Family Name	Photo (Glue photo here)
Date of Birth (20 th January 2004)	Gender (Please tick)	Nationality	
	<input type="checkbox"/> Female <input type="checkbox"/> Male		

Entering Class (Please tick)				Confirmation of admission	
Early Years	<input type="checkbox"/> Early Learners	<input type="checkbox"/> Nursery	<input type="checkbox"/> Reception	Head teacher Signature:	
Lower Primary	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3		
Upper Primary	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6		
Proposed Entry Date:		Term:		Date of admission:	

FAMILY CONTACT INFORMATION		
	FATHER	MOTHER
Relationship to student	<input type="checkbox"/> Guardian:	<input type="checkbox"/> Guardian:
Name and Family Name	_____	_____
Passport Number	_____	_____
Phone – Mobile	_____	<input type="checkbox"/> Same
Phone – Home	_____	<input type="checkbox"/> Same
Phone – Work	_____	<input type="checkbox"/> Same
Email – Personal	_____	<input type="checkbox"/> Same
Email – Work	_____	<input type="checkbox"/> Same
Residential Address	_____	<input type="checkbox"/> Same
Postal Address	_____	<input type="checkbox"/> Same
Current Employer	_____	<input type="checkbox"/> Same
Employer Address	_____	<input type="checkbox"/> Same
Position Title	_____	_____
Will your employer pay for school fees?	<input type="checkbox"/> No <input type="checkbox"/> Yes – % of contribution: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes – % of contribution: _____



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EMERGENCY CONTACT INFORMATION – Additional Contact in case of emergency

Full Name	_____	Mobile Phone	_____
Relationship to student	_____	Home Phone	_____
Email address	_____	Work Phone	_____

FAMILY INFORMATION – All information provided in this section is for demographic school records only

Student lives with	
Family Composition (Number of members including parents/guardians)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more
Do you have more children enrolled in our school?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" please write their names and current class) 1) _____ 2) _____ 3) _____
What's the primary language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other: (Specify) _____
Family Religion	
Are you/either of you a Mount View former student? Please write years you attended Mount View	

PREVIOUS SCHOOLING HISTORY - List the last 3 schools to which the student has attended in the past years if applicable.

Class		School Name	City / Country	Language of Instruction
From	To			

Enter the name, phone number and email of Homeroom teacher/Head of school from the last school attended by the student

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Has the student ever received special needs accommodations? Yes No – If Yes, kindly attach a document describing them.

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FAMILY DOCTOR CONTACT INFORMATION

Name	_____	Mobile Phone	_____
Email address	_____	Work Phone	_____

MEDICAL CONDITIONS	Yes	No	Additional Information
Does the student have any allergies?			
Does the student have any dietary restriction?			
Is the student taking any medicine on a regular basis?			
Is there any other medical condition that the school should be aware of?			

APPLICATION PROCESS

- Complete all sections of this form.
- Write using CAPITAL letters.
- Submit this form along with the following documents. Mount View WILL NOT accept/review applications that are not signed and accompanied by all documents requested:
 - 2 passport-type photos
 - Copy of birth certificate OR Passport
 - Most recent school report (all candidates except Nursery applicants)
 - If student suffers any medical condition please attach a full medical report. Additional information may be requested by the school.
 - ALL pages of this application must be signed and returned to the school
- Upon receipt of the application we will contact you with a date and time for admissions test and interview.
- After assessment/interview we will contact you to communicate our final decision.
- Upon receipt of admissions email, students entering school at the beginning of the academic year will have one week to pay the amount requested. Students entering mid-term will be requested to pay before the first day attending the school (this may vary depending on entry date).
- Official enrollment into the School will only take place after payment of first installment.



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CONDITIONS OF ENTRY

1. If the Headmaster, upon enquiry, satisfies himself/herself that any student has committed a serious offence or has been willfully or persistently unsuited to the course he/she is following, the Headmaster may, if he thinks fit, request the parent to remove him or her from the School. If such a request is denied, the Headmaster has authority to remove the student from the School Roll.
2. Parents/Guardians are required to ensure that they provide the student with uniform and equipment as published on the school clothing list and to ensure that their child/children conform to school rules with regard to the wearing of the same.
3. All students are expected to conform to the published Student Expectations as laid down by the School. Failure to conform to those Expectations will result in action being taken against the student.
4. At least one term's notice, in writing, of the intention to remove a student must be given to the Head of the School. In the event of this not being given, one term's fees must be paid.
5. The Parent(s) or Guardian(s) of the student will at all times keep the School indemnified against all actions, claims, proceedings, costs and expenses in respect of damages to property or loss of property belonging to the student or personal injury to the student arising out of any activity or transport facility provided or arranged by the School and/or while the student is under supervision both within and out of Limbe.
6. Students will participate in off campus trips and sports during school time.
7. The school or teachers cannot be held legally or otherwise responsible for any loss or damage of property or physical injury caused by an accident or otherwise.
8. All trips and activities are part of the educational programme and compulsory.
9. Parent(s) and Guardian(s) accept that the school has the authority to take photographs of students for exclusive use by the School for marketing and publicity purpose.

PAYMENT POLICY

1. Any parent with outstanding debts from previous years will not be allowed to enroll any student at the School.
2. Any Parent/Guardian with outstanding debts from the previous term will not be allowed to enroll a student for the next term.
3. Commitment to pay school fees in full is between Parents/Guardians regardless if employers are paying for them. Please ensure that employers understand this situation and provide funding timeously.
4. No post-dated cheques to clear arrear debts will be accepted.
5. Commitment letters may be accepted from Parents whose employers are paying school fees.

Physical Address

Mount View Primary School
P.O Box 5023, Limbe,
Malawi

Mailing Address

Mount View Primary School
P.O Box 5023, Limbe,
Malawi

ACKNOWLEDGEMENT

I acknowledge that I have read and understand the above information and I agree with the Conditions of Entry, Payment Policy, Fees and Payment schedules described herein. I also acknowledge that all the information provided is true and accurate. (Wherever possible, we require two signatures from Parents/Guardians/Family.

Name		Signature		Date	
Name		Signature		Date	