P.O. Box 34114, Lusaka

Plot 2129/M off Kabulonga

Road, Ibex Hill, Lusaka

TEL:

Cell Phone:

E-MAIL:

+26 0211 841055

,

+26 0955 208777

info@stignatiuscollege.edu.zm



Website:

www.stignatiuscollege.edu.zm

**ST. IGNATIUS COLLEGE** *Learning for Service of God & Others*

**vvvccccc**

|  |  |
| --- | --- |
| ***Office use only*** | **FORM 1** |

# ENTRANCE EXAMINATION REGISTRATION FORM

Please return the filled in form immediately to the Admission office of St. Ignatius College, Administration Block**.** All the requested information in this form has to be filled in.

**In order to sit for the exam, the student is supposed to return this form with the following requirements: -**

1. A photocopy of the student’s Birth Certificate or a Judiciary Affidavit attesting to the date of birth is acceptable.
2. Two latest passport size photos of the student.
3. The K100 fee for this form is ***NON-REFUNDABLE***.
4. A letter of recommendation from the Priest or Pastor
5. Photocopy of the Mock Examinations Results

**NOTE:**

1. School Fees shall be paid in full prior to the start of term.
2. Non-Refundable Registration and Entrance Fee is **K700**.This **IS NOT part of school fees.**
3. Those who will download our soft copy or get a hard copy of the Entrance Form at school will be required to pay a non-refundable **Entrance Form fee of K100 (One Hundred Kwacha)** at accounts office.
4. Entrance exam amount will be **K700** payable at any Branch of the **ZANACO BANK** favouring **St Ignatius College** **Ltd A/C Number 5684873500197** Attach the bank pay-in-slip to the filled in Entrance Form as evidence of payment. Entrance forms that will not be accompanied by such evidence shall not be considered.
5. The normal school days are **Monday to Friday**, but sometimes students are expected to come to school on special occasion even on **Saturdays** and **Sundays**. When this is the case no student will be exempted.
6. All subjects studied at St. Ignatius College are compulsory for all students whether you did them in your previous school or not.

**ST. IGNATIUS COLLEGE** *Learning for Service of God & Others*

**(PLEASE USE BLOCK LETTERS)**

1. Student’s Full Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Middle Last

Please tick (√) Male: Female:

1. Student Home Address: P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Area where the family lives: Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_
3. Student’s Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Last School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_
6. Briefly state expectations for bringing your child to this school.
   1. Academic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Spiritual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Social Development \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of Brothers/Sisters of the applicant studying or who studied at St. Ignatius College: \_\_\_\_\_\_

Name of one of the brothers/sisters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration: If it is discovered that any of the above information is false I will forfeit my**

**Child’s place.**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*You are warmly welcome to St. Ignatius College.*

 **ST. IGNATIUS COLLEGE** *Learning for Service of God & Others*

## Part I: Pupil Information

|  |  |
| --- | --- |
| Surname………………………………… | Forename………………………………………… |
| Sex……………………………………… | Nationality………………………………………… |
|  |  |
| Place Of Birth………………………………. | Proposed date of Entry …………………………… |
|  |  |
| Grade Being Applied for………………… | School Place Applied for………………….. |

Name of school the child is coming from: ……………………………………………………………….

Religion: Father……………….……... Mother…………………… Daughter/Son …………………….

Name of Church pupil attends for worship: ……………………………………………………………...

Name of Pastor/Priest: ………………………………Contact phone of Pastor/Priest: ………………….

|  |  |
| --- | --- |
| **PART II: Family Father/Guardian** |  |
| Surname ………………………………… | Forenames……………………………………… |
| Occupation……………………………. | Nationality……………………………………. |
|  |  |
| P.O. BOX…………………………………… | National Reg. #.......................................................... |
|  |  |
| Physical Address: …………………………………………………………………………………… | |
|  |  |
| Tel # (Work) ……………………………… | Tel # ……………………………………… |
| Mobile # …………………………………… | Email: ……………………………………… |
|  |  |
| **MOTHER/GUADIAN** |  |
| Surname……………………………………… | Forenames………………………………………….. |
| Occupation…………………………………… | Nationality…………………………………………… |
|  |  |
| Physical Address……………………………………………………………………………………… | |
| Tel # (Work) ……………………………… | Tel # ………………………………………………… |
| Mobile # ……………………………… | Email: ………………………………… |

Plot 2129/M off Kabulonga Road, Ibex Hill. P.O. Box 34114, Lusaka Zambia Telephone: +260 955208777 /+260 211841055

Email: info@stignatiuscollege.edu.zm