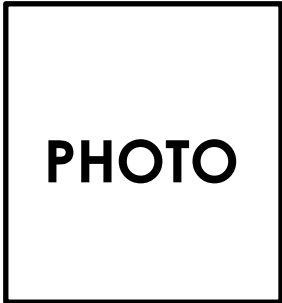




ITHABEGO GIRLS ACADEMY

P.O BOX 167
LIWONDE
+265 992 655 339 / +265 882 747 557



PHOTO

REGISTRATION **FORM** 2024/25

CANDIDATE NUMBER: IGA/ENT/...../2024/25

NOTE: This form should be submitted to

The Principal

ITHABEGO GIRLS ACADEMY

P.O BOX 167, LIWONDE

Filled forms to reach the school not later than 15th September 2024

SECTION A (To be completed by applicant)

1. SURNAME: FIRST NAME:
2. OTHER NAMES:
3. DATE/MONTH/YEAR OF BIRTH: AGE:
4. PLACE OF BIRTH: (DISTRICT)..... (COUNTRY).....
5. HOME VILLAGE:T/A:
6. HOME DISTRICT:COUNTRY:
7. NAME, ADDRESS AND TELEPHONE OF RESPONSIBLE PARENT (S)/ GUARDIANS(S)
NAME:
ADDRESS:
CONTACTS: E-mail:
8. PREVIOUS SCHOOL ATTENDED: (NAME AND ADDRESS).....
.....
9. RELIGIOUS:
SPECIFY YOUR DENOMINATION:

REGISTRATION FEE IS **K10, 000.00** TO BE DEPOSITED AT NBS TO THE FOLLOWING ACCOUNT DETAILS

ACCOUNT NAME: **22313045**

ACCOUNT NAME: **ITHABEGO GIRLS ACADEMY**

BRANCH: **LIWONDE SERVICE CENTRE**