



ANGLICAN DIOCESE OF LAKE MALAWI

Nkhotakota Lay Training Centre
BISHOP MTEKATEKA SECONDARY SCHOOL

DIRECTOR/HEADMASTER:

TELEPHONE:

CELL:

Email:

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P.O BOX 83

NKHOTAKOTA

2025/2026 STUDENT ADMISSION APPLICATION FORM

1. STUDENT DETAILS

SURNAME:

FIRST NAME :

SEX :

MALE ☐

FEMALE ☐

tick against your selection

POST OFFICE BOX :

DISTRICT OF ORIGIN :

VILLAGE :

CELL NUMBER :

CURRENT CLASS:

APPLYING FOR FORM: 1 ☐ 2 ☐ 3 ☐ 4 ☐

2. GUARDIAN DETAILS

RELATIONSHIP FATHER [], MOTHER [], UNCLE [], AUNT [], OTHER:

SURNAME :

FIRST NAME:

PROFESSION :

EMPLOYER/NATURE OF BUSINESS:

POST OFFICE BOX :

CELL NUMBER:

3. STUDENT PREVIOUS ACADEMIC RECORD

PRIMARY SCHOOL ATTENDED:

NAME OF SCHOOL: _____

FROM (YEAR)TO (YEAR).....

SECONDARY SCHOOL ATTENDED:

NAME OF SCHOOL: _____

FROM (YEAR)TO (YEAR).....

HAS THE APPLICANT EVER BEEN SUSPENDED OR
EXPELLED FROM SCHOOL FOR ANY REASON?

YES _____ NO _____.

IF YES, PLEASE GIVE THE YEAR FOR THE
SUSPENSION OR EXPULSION AND THE
REASON(S):

4. PERSON TO CALL IF PARENTS ARE UNREACHABLE:

FULL NAME:

CELL NUMBERS:

RELATIONSHIP TO APPLICANT:

5. FULL NAME OF PERSON OR ORGANIZATION RESPONSIBLE FOR PAYING TUITION FEES OF THE APPLICANT :

CELL NUMBERS:

6. GENERAL MEDICAL/SPECIAL NEEDS INFORMATION	
Please indicate any medical conditions or special needs information of which the school should be aware	TICK
a) ASTHMA	
b) EPILEPSY	
c) HANDCAPPED	
d) MENTAL DISORDER	
e) HEARING DIFFICULTY	
f) AUTISM	
g) LONG SIGHT	
h) SHORT SIGHT	
i) NEUROLOGICAL DISORDER	
j) OTHERS (SPECIFY): _____	
k) NONE	
IS THE APPLICANT ON MASM OR ANY MEDICAL COVER: YES: _____ NO: _____	

7. REGISTRATION PAYMENT AMOUNT PAID : _____ DATE PAID : _____ Attach a bank certified deposit slip to this form <i>(Required amount MK 20,000)</i>	
8. EXAMINATION CENTER	
<i>Tick the center where you will sit for exams</i>	TICK
1. ST GEORGE ANGLICAN CHURCH (NKHATABAY)	
2. BIMTESS CAMPUS (NKHOTAKOTA)	
3. ST JOHN'S ANGLICAN CHURCH (SALIMA)	
4. ST PAUL'S CATHEDRAL (BLANTYRE)	
5. LAKE MALAWI ANGLICAN UNIVERSITY	
6. BIWI ANGLICAN PARISH (LILONGWE)	
7. ST MICHEAL'S ANGLICAN CHURCH (MCHINJI)	
8. KASUNGU ANGLICAN PARISH (KASUNGU BOMA)	

7. BISHOP MTEKATEKA SECONDARY SCHOOL STATEMENT

The mission of the school is to offer quality education; impart knowledge, skills and values on students in line with the socio-economic and technological developments and produce morally reliable citizens with inclusive Christian ethics.

8. DECLARATION BY PARENTS/GUARDIANS

We, the undersigned, have carefully reviewed and fully comprehended the application document for admission through entrance examinations to Bishop Mtekateka Secondary School. In accordance with the policies and regulations set forth by the institution, we hereby formally request that our ward, _____ (Name of your ward) be granted admission as a student at your esteemed school.

Furthermore, we acknowledge and accept full financial responsibility for all tuition fees and associated costs as assessed by the school. We fully understand that non-payment of tuition and fees may result in disciplinary action, including but not limited to the dismissal of our ward and the withholding of grades and transcripts until all financial obligations have been fulfilled, as per the school's tuition schedule. In addition, we affirm our commitment to actively support and reinforce at home the educational principles and teachings imparted to our ward at school. We recognize the integral role of parental guidance in our child's academic success and personal development and pledge to uphold this responsibility with diligence.

Father's/Guardian Signature

Date: _____

Mother's/Guardians Signature

Date: _____

TAKE NOTE OF THE FOLLOWING

1. The admission process is conducted solely through entrance examinations (Once in an academic year)
2. Selection of students is strictly based on entrance examination results