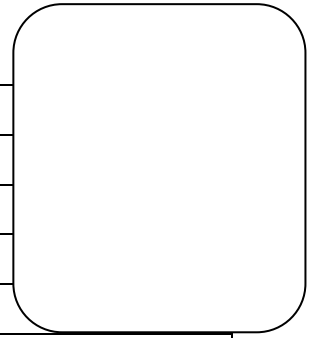




REGISTRATION FORM (8:4:4)

A-) Personal Details of the Student (in BLOCK CAPITALS)

Name / Middle Name / Surname	:	
Place of Birth (Country / Region)	:	
Date of Birth (Day / Month / Year)	:	
Nationality :	Tribe (Optional) :	
Physical Home Address :		
Postal Address	:	
Home Tel. No.	:	



B-) Family Information

Father's Name / Middle Name / Surname		:	
Occupation	:(Please specify)	(Position held)	
Mobile	:	E-mail	:
Mother's Name / Middle Name / Surname		:	
Occupation	:(Please specify)	(Position held)	
Mobile	:	E-mail	:
Guardian's Name / Middle Name / Surname		:	
Occupation	:(Please specify)	(Position held)	
Mobile	:	E-mail	:

Siblings :

No	Name	Age	Sex	School / Occupation
1				
2				
3				

C-) Discipline Record

Has the Student ever been suspended from previous school(s)? [] Yes [] No

If yes, state the reason: _____

D-) School Background

List of the schools attended up-to-date:

1. _____
2. _____
3. _____



E-) KCPE Information

Index number: _____

Marks attained: _____

F-) Miscellaneous

- Student lives with;
[] Father [] Mother [] Both [] Other (_____)
- Person to be contacted first in case of emergency;
[] Father [] Mother [] Guardian
- Person to receive updates from the School through SMS services;
[] Father [] Mother [] Guardian
- Person financially responsible for the Student;
[] Father [] Mother [] Both [] Sponsor [] Other (_____)
- The source of your information for the School;
[] TV [] Newspaper [] Friends [] Leaflets [] Other (_____)

G-) Health Record

1. Does the Student;
 - suffer from any existing medical condition?
[] Yes [] No Details: _____
 - suffer any allergies either general or to specific foods and/or medicines?
[] Yes [] No Details: _____
 - have any eye defect?
[] Yes [] No Details: _____
 - regularly take any medication?
[] Yes [] No Details: _____
2. Give details of any medical reasons why the Student may not be able to take part in school activities (such as swimming, sports, field trips, etc) or which might affect his performance at school:

Please note that in case of an emergency and a communication failure, the School takes the Student to the nearest hospital.

I confirm that the information I give is, to the best of my knowledge, correct. I am aware that any false statement(s) will lead to *the rejection of this registration or to the annulment of admission already granted.*

Signed by the Student)

)

Signed by the Parent)

)



AMENDMENTS (1)

Any amendments in this form shall be included herein. The amendment forms or letters shall also be attached.



AMENDMENTS (2)



DOCUMENTS

Please attach all the following documents to complete the registration.

- 1) Copy of birth certificate []
- 2) Copy of KCPE result slip []
- 3) Two (2) passport size photographs []
- 4) Copy of ID for the parent/sponsor []
- 5) Copy of PIN certificate for the parent/sponsor []
- 6) Transfer letter from former school (if transfer) []
- 7) Copy of passport (if not a Kenyan citizen) []



OFFICIAL USE ONLY

Admission Number :

--	--	--	--	--

Date of Admission : ____/____/____

Class Admitted : Form ____

Team Joined : _____

Special Remarks : _____

Signed by the Headmaster)

)

School Stamp)

)