

+254 735 559 911 | +254 729 559 911
P.O. Box 40052 - 80100
Mombasa - Kenya

Applicant's Bio Data

First Name _____ Middle Name _____ Surname _____

Date of Birth _____ Gender : Male Female

Nationality _____ Religion: _____

Blood Group _____ Day Option: Boarding Option:

Medical Conditions _____

Previous School Attended _____ Year/Class Completed _____

School Postal Address _____

City _____ Postal Code _____

Class to which admission is being sought _____ Year _____

Curriculum: Cambridge: 8-4-4:

Does this student have any medical or learning issues we should know about?

Yes No

If yes, please explain including the contacts of the doctor who attends to the student.

In case of any **MEDICAL EMERGENCY**: I give to the school authority to administer first aid at the first instance if need be and thereafter the child can be taken to Dr. _____

Of _____ Hospital and Cell Phone No. _____

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Sibling Information

| Name | Age | Gender | School |
|------|-----|--------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Parent/ Guardian Information

| Particulars | Mother/Guardian 1 | Father/Guardian 2 |
|--------------------------------|-------------------|-------------------|
| First Name | | |
| Last Name | | |
| Phone Number | | |
| National ID Number or Passport | | |
| Email Address | | |
| Permanent Physical Address | | |

Declaration

I, _____ do hereby declare and certify that all the information filled in this form is exact, factual and true to the best of my knowledge.

Signature of Parent/ Guardian: _____ Date: _____

For Official Use Only

Admitted Not Admitted For: Term _____ Year _____ Grade _____
 Copy of Birth Certificate Copy of Parent's ID/Passport Previous Academic Records