

+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 _____

Blood Group _____

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		
Current Physical 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