



Dear Parent/Guardian, kindly complete the form below in full:

PUPIL INFORMATION:

CHILD'S FULL NAMES:		GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	
STARTING DATE:	CLASS SOUGHT:		
DATE OF BIRTH:		BIRTH PLACE:	
HOME LOCATION:			
PREVIOUS SCHOOL:		YEARS ATTENDED:	
REASON FOR TRANSFER (where applicable):			
NAME OF SIBLING:		AGE :	SCHOOL:
NAME OF SIBLING:		AGE:	SCHOOL:
NAME OF SIBLING:		AGE:	SCHOOL:
PRIMARY LANGUAGE AT HOME:		SECONDARY LANGUAGE AT HOME:	

FAMILY INFORMATION:

FATHER'S FULL NAME:	
ADDRESS:	EMAIL ADDRESS:
MOBILE PHONE:	HOME PHONE:
OCCUPATION:	ORGANIZATION:

MOTHER'S FULL NAME:	
ADDRESS:	EMAIL ADDRESS:
MOBILE PHONE:	HOME PHONE:
OCCUPATION:	ORGANIZATION:

GUARDIAN'S FULL NAME:	
ADDRESS:	EMAIL ADDRESS:
MOBILE PHONE:	HOME PHONE:
OCCUPATION:	ORGANIZATION:

Email: reception@msingiimara.com Tel: +254 700-866-882

Proverbs 22:6 : "Train up a child in the way he should go; and when he is old, he will not depart from it."

MEDICAL INFORMATION:

Does your child suffer from any of the following:

ASTHMA:	ALLERGIES (Please state and briefly explain:
ANY OTHER CONDITION (Please state and briefly explain):	

EMERGENCY MEDICAL CENTERS:

In case of emergency, please state which nearby **medical centers** the school can take the child to for medical attention (at the cost of the parent) and **contact** to be reached/informed and their **phone no**:

	Medical Center	Person to be contacted/Phone No.
1.		
2.		
3.		

EMERGENCY CONTACT/NEXT OF KIN:

NAME:	MOBILE NO.:
OCCUPATION:	ORGANIZATION:

Parental Consent:

The school may administer medication and offer basic first aid to the children with consent from parents/guardians for headaches, stomach aches and minor symptoms and injuries. Major injuries and serious illnesses will be referred to Medical Centers for medical attention and the Parent/Guardian informed immediately.

I, _____ (Parent/Guardian’s Name) consent to medication being administered to my child in school, if and when needed. Signed: _____ (Parent’s signature)

Please Note: An application to the school does not guarantee admission. Once the application and fee have been received and processed, your child will be offered a place in the class registered. The child will then be allowed to begin school once the school fees are paid in full.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ DATE INTERVIEWED: _____

DATE REGISTRATION COMPLETED: _____

REGISTRATION FEE RECEIVED: _____ (Bank deposit/Mpesa)

REVIEW BY DIRECTORS: _____ (Admission approved/denied)

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