





TO FLY ON YOUR OWN

ADMISSION FORM

Please fill in all the required information in clear, readable and bold handwriting

_	Passport Photos						
	Child	Mother	Father				

CHILDS DETA	ILS		
FULLNAME:		CL	ASS ADMITTED
DATE OF BIRTH:	/	_ GENDER: MALE	FEMALE (Tick the childs gender)
NATIONALITY:			
PREVIOUS SCHO	OL(S) ATTENDED		
DISTRICT:	FORMER CI	LASS	CLASS APPLIED FOR
PARENTS INF	ORMATION	Tick the Current Marital S LIVE TOGETHER	
FATHER			
SURNAME:			
FIRST NAME:			
OCCUPATION:			
MOBILE NO.:			
EMAIL ADDRESS:			



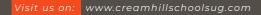






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MOTHER	
SURNAME:	
FIRST NAME:	
OCCUPATION:	
MOBILE NO.:	
EMAIL ADDRESS:	
NEXT OF KIN	
SURNAME:	
FIRST NAME:	
OCCUPATION:	
MOBILE NO.:	
EMAIL ADDRESS:	
RESIDENTIAL	AREA
ZONE / VILLAGE	:COUNTY / DIVISION:
HOME PHONE: _	MOBILE PHONE:
DISTANCE FROM	SCHOOL:DISTRICT:
CHILD HEALT	н
1)	GOT ANY DISABILITIES (IF ANY PLEASE LIST THEM BELOW)
1)	GOT ANY CHRONIC DISEASES (IF ANY PLEASE LIST THEM BELOW)









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TRANSPORT		
CATEGORIES OF SO	CHOLARS: (TICK THE APPORIATE BOX)	
BOARDING	DAY	
COLLECTED AND	DROPPED BY SCHOOL BUS	
COLLECTED BY SC	HOOL BUS AND DROPPED BY PARENT	
DROPPED BY PARE	ENT AND COLLECTED BY SCHOOL BUS	
OWN MEANS		
UNDERTAKING BY	PARENT / GUARDIAN	
1,	FATHER. MOTHE	R, GUARDIAN OF
	JOINING IN	CLASS,
	INFORMATION GIVEN ABOVE IS ACCURATE A	
DO AGREE THAT ALL THE	INFORMATION GIVEN ABOVE IS ACCURATE A	ND TRUE TO
DO AGREE THAT ALL THE	EINFORMATION GIVEN ABOVE IS ACCURATE A EDGE.	ND TRUE TO
DO AGREE THAT ALL THE THE BEST OF MY KNOWL SIGNATURE:	EINFORMATION GIVEN ABOVE IS ACCURATE A EDGE. DATE DATE OF THE PREVIOUS SCHOOL REPORT IF ANY AND A	ND TRUE TO



WHICH SHALL BE COMMUNICATED.