



SYOKIMAU ADVENTIST SCHOOL
P.O. BOX 5784 – 00200 NAIROBI
Tel: 0713 474 430
Email: info@syokimauadventistschool.sc.ke

ADMISSION FORM

ADMISSION NUMBER:.....

DATE:.....

(To be completed by the Parent/Guardian)

CHILD'S DETAILS

NAME OF THE CHILD(BLOCK LETTERS):.....

GENDER:.....

NATIONALITY:.....

RELIGION:.....

DATE OF BIRTH:.....

DATE OF ADMISSION:.....

Has your child been in school before?.....

(If yes state name of school)

Class:.....

Class to be admitted:.....

Does the child suffer from any known health condition?

YES..... NO.....

If yes state

:.....

PARENTS'/GUARDIANS' DETAILS

Father's Name:.....

Occupation:.....

Employer:.....

Address:.....

Telephone:.....

Residential Address:.....

Telephone:.....

Mother's name:.....

Occupation:.....

Employer:.....

Address:.....

Telephone:.....

Residential Address:.....

Telephone.....

Guardian's Name :.....

Occupation:.....

Employer:.....

Address:.....

Telephone:.....

Residential:.....

Telephone:.....

ALTERNATIVE HOSPITAL INCASE OF EMERGENCY

Name:.....

Telephone:.....

I wish to pay fees in full:.....

In two instalments:.....

I will abide by the rules and regulations of the school

Parent/Guardian Signature:.....

Date:.....