ADMISSION FORM
ACADEMIC YEAR 2026

A. LEARNER'S DETAILS

Full Name of Learner:

_____

Date of Birth: __/ __/ __

Age:

_____

Gender:

☐ Male ☐ Female

Birth Certificate No/ Notification No:

_____

Religion (optional):

_____

B. ADMISSION DETAILS

Class Applied For:

☐ Crèche ☐ K1☐K2

Term & Year of Admission:

_____

Has the learner attended school before?

☐ Yes☐ No

If yes, name of previous school:

_____

C. PARENT / GUARDIAN DETAILS

Full Name:

_____

Relationship to Learner:

_____

National ID No.:

_____

Phone Number:

_____

Alternative Phone:

_____

Email Address:

_____

Occupation:

_____

Residential Address / Estate:

_____

D. HEALTH & SPECIAL NEEDS

Does the learner have any medical condition? ☐ Yes

☐ No

If yes, please specify:

_____

Does the learner have any learning difficulties or special needs? ☐ Yes

☐ No

If yes, kindly explain: _____

Allergies (food/medicine):

_____

E. EMERGENCY CONTACT (OTHER THAN PARENT)

Name:

_____

Relationship:

_____

Phone Number:

_____

F. DECLARATION

I confirm that the information given above is true and correct to the best of my

knowledge. Parent/Guardian Name:

Signature:

_____ Date: __/ __/ ___

FOR OFFICIAL USE ONLY

Admission No.:

_____

Date of Admission:

_____

Class Admitted To:

_____

Remarks:

_____

Authorized By:

_____