

# APPLICATION FORM



AFFIX  
PASSPORT  
PHOTO  
HERE

NO: \_\_\_\_\_

## PLEASE PRINT CLEARLY

I wish to apply for admissions of my child to Gifted Hands School from...../...../.....  
(Please enclose a non-refundable fee of Kshs. 1,000/-)

Name of Child Surname \_\_\_\_\_ First Names \_\_\_\_\_  
Date of Birth (dd/mm/yy) \_\_\_\_\_ Age (yy/mm) \_\_\_\_\_ M  F   
Religion \_\_\_\_\_ Church \_\_\_\_\_ Class to enrol \_\_\_\_\_

Details of Parent/Guardian	Father	Mother
Parent/Guardians Name		
Place of work		
Occupation		
Physical Location		
Email		
Telephone		
Mobile		
ID Number / Passport No.		
Relation / Emergency contact (other than 1. above)		

Names of siblings at Gifted Hands School (If any)  
(1) \_\_\_\_\_ (2) \_\_\_\_\_

Names and ages of other siblings not at Gifted Hands School  
(1) \_\_\_\_\_ (2) \_\_\_\_\_

Previous schools attended \_\_\_\_\_

Dates of attendance and level \_\_\_\_\_

Languages spoken \_\_\_\_\_

Health history (Allergies) \_\_\_\_\_

Person to invoice \_\_\_\_\_

## OFFICIAL USE

Level Assigned .....

Remarks .....

Supervisor ..... Signature ..... Date .....

Comments .....

Principal ..... Signature ..... Date .....