



KIANDA SCHOOL

APPLICATION FORM

	/20	
--	-----	--

(Please quote this no. for all correspondence)

GRADE _____



PRIMARY SCHOOL

Student's Name: _____ Date of birth: _____
Last Name First Name Middle Name dd/mm/yyyy

Citizenship: _____ Place of birth: _____

Religion: _____ Denomination: _____

Kindergarten/Nursery or Primary schools attended	Years enrolled	Day	Boarding

Name of brothers and sisters	date of birth (dd/mm/yyyy)	School attending / attended
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Place she occupies amongst her brothers and sisters: _____

Other persons who live with the family (indicate the relationship and age) _____

Name any other daughter, relative or friends who have had some relation with Kianda (e.g. past students, teachers etc)		
Name	Relationship	Class of current student

Relevant Medical Information

Indicate if she suffers from e.g. asthma, epilepsy, heart disorders etc.

Parents Information

	Father	Mother	Guardian <i>(where applicable)</i>
Name			
Religion/Denomination			
Mobile number			
Profession			
Place of work			
E-mail			

Family Residence

Estate: _____ House no.: _____

Telephone no: _____

General Information

Reason for wanting to bring your daughter to Kianda

How did you get to know about Kianda School? (Please tick)

Through daughter's school

A friend/relative

Kianda Website

Other, please specify _____

Have you applied before? No

Yes

Year _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge

I have submitted the following documents with this application form:

An application letter from the Parents/Guardian

A copy of the girl's birth certificate

Latest school report

A recent passport photo of the girl (*Photo should not be more than 3 months old*)

Parents signature: Father: _____

Mother: _____

Guardian's signature: _____

Date: _____

Application fee paid: No Yes MPesa Transaction _____ Date: _____