



# 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<br>(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 \_\_\_\_\_ Dete: \_\_\_\_\_