

DISTAR SCHOOL

PLAYGROUP, PRE-PRIMARY & PRIMARY

P.O BOX 99129 MOMBASA. TEL. 0707 761 484 Email: distarschool@gmail.com

ADMISSION FORM

LEARNER'S DETAILS:

Name: _____ Class: _____

Date of Birth; _____ Age: _____ Gender: _____

Medical Condition: (If Any): _____

Medicines or food the child is allergic to (if any): _____

Any Special Needs: Yes/No (Tick). If any Explain: _____

Child's Physician/Doctor: _____ Tel. No.: _____

Area of Residence: _____ Home County _____ : Sub County: _____

PARENT'S/GUARDIAN DETAILS

Mother's Name: _____

ID No.: _____ Mobile No: _____ Email Address: _____

Occupation: _____

Company Name: _____

Father's Name: _____

ID No.: _____ Mobile No: _____ Email Address: _____

Occupation: _____

Company Name: _____

Guardian's Name: _____

ID No.: _____ Mobile No: _____ Email Address: _____

Occupation: _____

Company Name: _____

SIBLINGS:

Name/Gender/Date of Birth/school:

EMERGENCY

In case of an emergency, list at least two names of persons to be contacted in the eventuality we cannot reach either of the parents/guardian (Not Parents)

1. Name: _____ Relationship to child: _____

Tel: _____

2. Name: _____ Relationship to child: _____

Tel: _____

PERSON AUTHORISED TO PICK THE CHILD

Name: _____ Tel NO.: _____

I certify the information provided above is true to the best of my knowledge.

Signature: _____

Date: _____

Parent/Guardian.

Signature: _____

Date: _____

For Distar School.

N/B. PLEASE ATTACH A COPY OF; 1. Learner's Birth Certificate

2. Parent(s) ID card