JAVIC JUNIOR SCHOOL

P.O. Box 6500- 40103 Kisumu, TEL: 0733-332465 / 0710332465

ADMISSION FORM

Student's Photo

A. Student's Information

1. Name ....
Surname *Middle Name* *First Name*

2. Date of Birth [ ] [ ] [ ] 3. Birth Certificate No.....
DD *MM* *YYYY* *Attach a copy*

4. Gender [Male] [Female] 5. Disability [No] [Yes] .....
Tick one *Tick one* *If Yes, Specify*

6. Previous School .....
If applicable

7. Any special attention required .....

8. Class the child is joining .....

B. Parent/Guardian Information

1. Mother:

a. Name ..... b. [Alive] [Dead]
Tick one

c. Occupation:..... d. Residence .....

e. Address ..... f. Mobile No:.....

2. Father:

a. Name ..... b. [Alive] [Dead]
Tick one

c. Occupation:..... d. Residence .....

e. Address ..... f. Mobile No:.....

3.Guardian (*if applicable*)

a. Name .....

b. Occupation:..... c. Residence .....

d. Address ..... e. Mobile No:.....

Who to Contact in case of emergency: ....
Name *Phone Number*

Signature ..... Date.....
Mother/ Father/ Guardian

FOR OFFICIAL USE ONLY

Head teacher's Remarks .....

ADM. NO. [ ] [ ] [ ] [ ]

Signature ..... Date of Admission.....
OFFICIAL STAMP