



APPLICATION FORM FOR ADMISSION IN ACADEMIC YEAR 20.....

PUPIL'S BIO DATA FORM

FATHER'S PHOTO

MOTHER'S PHOTO

PUPIL'S PHOTO

1. PARTICULARS OF THE CHILD

Surname..... First Name.....
Date of Birth..... Place of Birth.....
Birth Certificate No. Sex.....
Birth Order.....

2. PARTICULARS OF FATHER / GUARDIAN

Surname..... First Name.....
Nationality..... Religion.....
Home District..... County.....
Sub County..... Parish.....
LCI/Zone..... Tel:.....

AREA OF RESIDENCE

District..... County.....
Sub County..... Parish.....
LCI/Zone..... Tel:.....

PLACE OF WORK.

Organization.....
Physical Address.....
P.O. Box.....
Tel:.....

3. PARTICULARS OF MOTHER / GUARDIAN (TICK)

Surname..... First Name.....
Nationality..... Religion.....
Home District..... County.....
Sub County..... Parish.....
LC1..... Tel:.....
Email Address..... Other Contacts:.....

AREA OF RESIDENCE

District..... County.....
Sub County..... Parish.....
LCI/Zone..... Tel:.....

PLACE OF WORK.

Organisation.....
Physical Address.....
P.O. Box.....
Tel:.....

State Occupation If 2 & 3 Above (Area Of Work) Is Not Applicable.

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4. ADMISSION REQUIRED (BOARDING / DAY) IN CLASS.....

PREVIOUS SCHOOL (S) ATTENDED

<i>School</i>	<i>Year</i>	<i>From (Class)</i>	<i>To</i>
1.....
2.....
3.....
4.....

REASON FOR APPLYING

- A
- B.
- C.

5. CHILD’S TRANSPORT TO SCHOOL (TICK THE ALTERNATIVE).

(A) School Van (B) Public Transport (C) Family Car (D) On Foot

Does the child have any healthy problem or abnormalities?

Give Details

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Does your child have any weakness in his / her studies which you want the school to know?

Explain.

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6. OTHER INFORMATION.

Name of persons / doctor / clinic to be contacted in case of emergency:

Name..... Relation with Pupil.....

Physical Address..... Telephone.....

Mobile..... Doctor’s Name And Address

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How did you get to know about Trinity Primary School?

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7. DECLARATION BY THE PARENT / GUARDIAN:

Ihereby declare that the details given above are true and complete and I promise to pay the school fees and any other dues that may be levied.

NOTE:

- *This application must be submitted to the admission office accompanied by photocopies of immunization and birth certificate and last report from the previous school.*
- *Please note that school fees must be paid in full.*
- *A child will access school lessons after all school dues have been cleared.*

NAME OF PARENT/GUARDIAN: _____ **SIGN:** _____

CONTACT: _____ **EMAIL ADDRESS:** _____

9. ADMINISTRATIVE USE ONLY

HOUSE / COLOUR: _____

DATE OF ADMISSION: ___ / ___ / ___

CLASS ADMITTED TO: _____

ENDORSED BY;

DEPUTY HEAD ADMIN.: _____ DATE: _____

DEPUTY HEAD ACADEMIC PROGS: _____ DATE: _____

HEAD TEACHER: _____ DATE: _____

Thank you for providing us with this important information.