JUJA KIDSPALACE SCHOOL

ADMISSION FORM

ADMISSION NO/UPI NO: ……..

CHILD'S NAME …… DATE OF BIRTH ……..

BIRTH CERT. NO. …… COUNTY ……..SUB-COUNTY……

GENDER: ……. NATIONALITY: ……

SPECIAL MEDICAL CONDITION: ……. CLASS: ……..

FATHER'S NAME: ……. ID NO: ……..

EMAIL ADDRESS: …….. CONTACT ADDRESS: ……

MOTHER'S NAME: ……. ID NO: ……..

EMAIL ADDRESS: ……. CONTACT ADDRESS: ……

TELEPHONE MUM: …… TELEPHONE DAD: ……

ESTATE: ……. STREET/AVENUE: …… HOUSE NO.: ……

GUARDIAN NAME: …… ID NO: ……

PLEASE GIVE CONSENT TO THE SCHOOL TO USE THE LEARNER'S VOICE, PHOTOS & VIDEOS FOR SCHOOL EVENTS, ADVERTS OR ANY SOCIAL MEDIA PLATFORM EG WEBSITE, FACEBOOK, WHATSAPP.

PARENT/GUARDIAN SIGN: …… DATE: ……..

ADMINISTRATOR SIGN: …… DATE: ……

(BIRTH CERTIFICATE ATTACHED) YES …… OR NO …….. COMMENTS: ……