

GOSHENFIELDS SCHOOL-NGOINGWA, THIKA

P.O. BOX 6472 -01 000 THIKA- Telephone- 0717 253 153

ADMISSION FORM

1. Name of Pupil in full _____

2. Class _____ Date of Birth _____

3. Name of Parent /Guardian _____

National Identity Card No _____

Address _____ Telephone _____ Alternative Tel. No.

_____ Residential Estate _____ Name of Street

_____ House No. _____

4. Does the child suffer from any medical problem _____ YES / NO

If yes, state / explain the condition _____

5. Does the child have any known special needs _____ YES / NO.?

If the answer is yes, please state / explain in brief and attach the relevant document

6. Name of family Hospital / Clinic _____ Name of Family

Doctor _____ Telephone _____

Please note that in the event of an emergency, the school will take the pupil to the nearest or most convenient health facility for first aid and medical attention.

7. I _____ name of parent / guardian do confirm that the information given above is true to the best of my knowledge.

Signature _____ **Date**
