



**Phone:** +254 118602519 / 0118602517

**Web:** www.skc.ac.ke

**ADD:** Safari House, Kitengela

## ADMISSION FORM

ACADEMIC YEAR: \_\_\_\_\_

INSTRUCTIONS: PLEASE FILL IN ALL FIELDS CLEARLY. INCOMPLETE FORMS MAY NOT BE PROCESSED.

### 1. STUDENT INFORMATION

FULL NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER:  MALE  FEMALE  OTHER

NATIONALITY: \_\_\_\_\_

### 2. PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN:

FULL NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER/GUARDIAN:

FULL NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

 Safari House, Kitengela

 +254 118602519 / 0118602517

 info@skc.ac.ke

### 3. RESIDENTIAL ADDRESS

- HOUSE/STREET: \_\_\_\_\_
- CITY/TOWN: \_\_\_\_\_
- POSTAL CODE: \_\_\_\_\_
- COUNTRY: \_\_\_\_\_

### 4. ACADEMIC INFORMATION

- PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_
- CLASS/GRADE COMPLETED: \_\_\_\_\_
- REASON FOR LEAVING: \_\_\_\_\_
- ACADEMIC ACHIEVEMENTS/CERTIFICATES (IF ANY): \_\_\_\_\_

### 5. MEDICAL INFORMATION

- KNOWN ALLERGIES: \_\_\_\_\_
- CHRONIC ILLNESSES (IF ANY): \_\_\_\_\_
- SPECIAL NEEDS (IF ANY): \_\_\_\_\_
- DOCTOR'S NAME & CONTACT: \_\_\_\_\_

### 6. ADMISSION DETAILS

- GRADE/CLASS APPLYING FOR: \_\_\_\_\_
- PREFERRED START DATE: \_\_\_\_\_
- MODE OF PAYMENT:  FULL  INSTALLMENTS

7

7. Documents Submitted (tick where applicable)

- Birth Certificate
- Previous School Report/Transcript
- Passport-sized Photographs (\_\_\_\_\_)
- Immunization Records
- Other (please specify): \_\_\_\_\_

8. Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false information may result in cancellation of admission.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

- Admission Approved:  Yes  No
- Admission Number: \_\_\_\_\_
- Date of Admission: \_\_\_\_\_

Officer Name & Signature: \_\_\_\_\_