This form is given FREE. Any person attempting to charge money for it should be reported to the nearest Police Station.

ENG

KIS

E-MAIL ADDRESS: _____

MAT

SCI

SSR



STAREHE GIRLS' CENTRE AND SCHOOL P.O. Box 6847-00200 NAIROBI KENYA

Tel: 020-2025500/1/2/3

DATE

_SCHOOL STAMP:_____

Mobile: 0707 900 852, 0738 255 448 Email: info@starehegirlscentre.co.ke Website: www.starehegirlscentre.co.ke

SIGN

A Charitable Institution, Incorporating a National High School and Skills Training Programme for girls'

REMARKS

(DO NOT fill the below table) FOR OFFICIAL USE ONLY. KCPE Performance

TOT

APPLICATION FOR A	DMISSION. CATEGO	RY (Tick appropriately)		
			FEE Paying Student		
Form One 20		Form S	Serial No		
his form must be filled	giving false information on thit by anyone seeking a free board. It MUST BE RETURNED TO S	ding and tuition place	, sponsored or Fee paying at		
Supporting documents before admission if su	s MUST be unconditionally pr ccessful.	ovided together wit	th the form or as requested		
PART I (To be co	mpleted by the head te	eacher)			
NAME OF THE GIRL:	First Name	Middle Name	Last Name		
OATE OF BIRTH: (Attach birth Certificate)	 Date	Month	Year		
	Index/Personal Number:				
A clear passport	County	Sub County			
size photograph (not more than	Schools attended & Add	•			
three months old) MUST be affixed	1Public Private				
HERE.	2				
			Public Private		
	il chose Starehe Girls' Centre (L SECONDARY SCHOOL. Fron				
She attainedn Please comment on the	Pupils in standard VIII. In the marks out of 500. girl's conduct and any special in the copies of Certificates if an any special in the copies of Certificates if an any special in the copies of Certificates if any special in the copies of Certificates in the co	interest or talent she	-		
HEADTEACHER'S NAME]: 	MOBILE NO):		

PART II

BACKGROUND INFORMATION

(NOTE if this page is NOT FULLY and PROPERLY FILLED, the application will not be successful)

PARTICULARS	FATHER	MOTHER
Full Names		
Married/Divorced/ Separated/ Single		
Parent/Widowed/Deceased (If deceased		
give date & attach copy of death certificate)		
Nationality		
(Attach copy(s) of ID)		
If in employment, describe and indicate		
the average monthly income: (attach		
copy(s) of the pay slip)		
If in business, describe and state the		
average monthly income.		
If any owned land, show the number of		
acres, crops grown and income from these		
assets.		
If any other source of income, including		
casual labour, describe and show the		
average monthly income.		
Physical Address of Residence (state		
Town, Estate, Nearest public land mark to		
the residence e.g. school, Church, Hospital)		
(State if house is owned, employer owned		
or rented – if rented indicate amount)		

DETAILS OF THE GIRL'S (APPLICANT) BROTHERS & SISTERS STARTING WITH THE ELDEST

M/F	Age	If in school/college, indicate std/form/year	If working indicate, occupation & Co./Org./Inst. and salary per month	if married, state occupation of spouse & Co./Org./Inst.& salary
	M/F	M/F Age	indicate	indicate occupation & co./Org./Inst. and

If in school/college, state who pays fees_	
,	

EXPLANATION WHY ADMISSION TO STAREHE GIRLS' CENTRE IS REQUIRED A full and clear explanation must be given why the family is not able to raise the fees to send the girl to an ordinary secondary school. I certify that the information on page 2 and 3 is true and complete.

NAME (in block letters)	
OCCUPATION:	
ADDRESS:	
	E-mail address:
- 7	SIGNATURE:
DITTE:	JIGIWII OILL.

State your relationship to the girl: Father/mother/Grandfather/Grandmother/Uncle/ Aunt/ Other Guardian (explain).

NB

This page should be completed only by the parent or by legal guardian where parents are deceased. Any document that can prove legal guardianship MUST be attached.

PART III (If applying for fee paying, don't fill this part)

RECOMMENDATION BY CHIEF:

	n given in this form. Based on my knowledge and / or the inquiries that
I have made about the ap	olicant, I make the following comments:
FULL NAME AND TITLE (n block letters)
MOBILE NO:	OFFICE TEL NO:
DATE:	SIGNATURE & STAMP:
I have read the information	BY PRIEST, PASTOR OR IMAM: n given in this form. Based on my knowledge and / or the inquiries that blicant, I make the following comments:
FULL NAME AND TITLE (n block letters)
MOBILE NO:	OFFICE TEL NO:
DATE:	SIGNATURE & STAMP:

Starehe Girls' Centre and school may contact any recommender to ascertain information provided during the selection process.

CHECKLIST

Before submitting the Application Form, review and **ENSURE** that the following parts are **PROPERLY** filled and all the required documents are attached. Failure to adhere to this instructions, your Application **WILL NOT** be considered for admission.

REQUIR	EQUIREMENTS / DOCUMENTS Official Use Only		nly	•••••		
Part I	Clear passport photograph, Birth Certificate, Recommendation from the HT Signed & Stamped.	PP	ВС		НТ	
Part II	Parent(s) ID's, Pay slip if employed, Death certificate(s) if parent(s) deceased.	ID	P		DC	
Part III	ONLY applicable to applicants seeking Sponsored Students category. Each of the recommender MUST Stamp.	Chief	Pastor		Imam	

PP – Passport Photograph, BC – Birth Certificate, HT- Headteacher, ID- Identity Card, P-Payslip, DC-Death Certificate,

CORRESPONDENCE:

- For the Fee Paying Category, please contact the School before Submitting the Application Form.
- For any application sent through the Post Office or Courier Firms, you may call the school to confirm the receipt of the Application Forms using the contacts on page one.

Please note that the Centre's Administration reserves the right of admission.