

**KISUMU JACARANDA ACADEMY**

**P. O. BOX 744**

**KISUMU**

**TEL NO. 0572026069**

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Adm. No. ....

Date.....

**APPLICATION FOR ADMISSION**

Name of Child .....

Date of Birth ..... Birth Cert. No .....

( Please enclose copy )

Grade applied for ..... Date of Admission .....

Last school attended ..... Class .....

Last Report enclosed ..... Yes / No

Name of parent / Guardian .....

Address .....

Occupation .....

Employer's Address .....

Contact in case of Emergency ( Name ) .....

Telephone .....

Residential ( State actual place ) .....

Does your child suffer from any known physical disabilities ..... Yes / No

If "Yes" kindly give details .....

Does your child suffer from any of the following ailments?

Epilepsy ..... Long / Short sightedness .....

Diabetes ..... Any dietary restrictions .....

Please give details .....

In case the child falls sick while in school:

Hospital to be taken to: .....

Name of Doctor: .....

Doctor's telephone number: .....

Any other special instructions .....

Date: .....

Signed: ..... Parent / Guardian .....

Received by \_\_\_\_\_ Tel: \_\_\_\_\_

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