

KINDERGATES ACADEMY

P.O Box 26420 – 00504, Nairobi.
Nasra Gardens Estate Gate D Off Spine Rd.
Email: kindergatesacademy@gmail.com



APPLICATION FORM

Students Details:

First Name Middle Name.....

Last / Family Name..... Date of Birth

ReligionSex

Parent / Guardian Details:

Fathers Name

Occupation Office Tel No

Mobile No Home Tel No

Email

Postal Address

Physical Address

Mothers Name

Occupation Office Tel No

Mobile No Home Tel No

Email

Emergency Contact Person

Mobile No Alternative Mobile No

Any other Information (Any Sickness, Allergies or any other details the school should be aware of)

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Kindly give details of the person who will be authorized to pick your child. In case of any changes, the office should be notified for the sake of your Childs safety.

- 1.)
- 2.)
- 3.)

I declare that the information given in this application form is correct to the best of my knowledge and belief. I understand that any incorrect information may lead to disqualification of my application.

I hereby understand and accept that student enrolment will be entirely at the discretion of the kinder gates Academy Management, and that no correspondence will be entertained on the said matter.

Parent / Guardian Name Mobile No

Signature Date:

<u>OFFICE USE ONLY</u>
RECEIVER NAME:
DATE RECEIVED:
ADMISSION ACCEPTED Y / N ADMITTED TO CLASS:
COMMENTS (If Applicable):

PLEASE ATTACH A COPY OF YOUR CHILDS BIRTH CERTIFICATE, IMMUNIZATION CARD, ONE COLORED PASSPORT SIZE PHOTO WITH THIS FORM.