

Thika Road Christian School
P.O. Box 16529-00620, Nairobi
Telephone 020-2615089
Mobile: 0724-044460
Email info@trchristian.ac.ke

Date of Interview _____
Result _____
Class Admitted _____ Date _____
Waiting List No. _____
Admission No. _____
Paid: Admission _____ Dev. Fund _____

APPLICATION FORM

1. Child's name in full _____ Sex _____
2. Date of birth _____ Age _____
3. Name of Father _____ Email _____
Mother _____ Email _____
Guardian _____ Email _____
4. Postal address _____
5. Residential address (estate) _____
6. Telephone No. (Home) _____ (Office) father _____ mother _____
7. Church membership of parents _____
8. Date you wish your child to be admitted, January, 20 _____
Class to be admitted (circle one). Nursery - 3 years, Nursery - 4 years, Pre-Unit
Standard 1, 2, 3, 4, 5, 6, 7, 8
9. Name and address of previous school _____
(Please attach a copy of the most recent primary school report available to you.)
10. Name(s) of brothers or sisters in our school _____
11. Is school transport required? a.m. pickup _____ p.m. return _____ none _____
12. Give details of any health problems that the student may have _____

DECLARATION

I, the undersigned, being the parent/guardian of the applicant certify that the foregoing information supplied is true to the best of my knowledge.

I also understand that if the applicant is accepted into the school, then I shall be responsible to send my child to school on time in a clean school uniform; to abide by all the rules of the school; to support the school in necessary disciplinary action; and to arrange for the prompt payment of all fees.

Date _____

Signature _____