



# BICHAM SCHOOL

✉: P.O BOX 720-00208 - Ngong Hills ☎: 0794 838 222 📧: bichamschool@gmail.com

## Admission Form

Admission Number..... Admission Date.....

Full name of the learner .....

Date of Birth ..... Birth Certificate Number.....

Birth Certificate Entry Number ..... Gender; female ( ) male ( )

Home County..... Home Sub-County.....

Current Residence.....

Nationality .....

First Language/ mother tongue .....

Previous school (s);

Name .....Admission Date .....

Name ..... Admission Date .....

### Father's Details:

Full Name of Father.....ID Number .....

Physical Address of Father.....

Postal Address .....

Telephone Number of the Father.....place of work.....

Email Address .....

### Mother's Details:

Full Name of Mother.....

Physical Address .....ID Number .....

Postal Address.....

Telephone Number .....

Email Address.....

**Guardian's Details:**

Full Name .....

Physical Address .....ID Number .....

Postal Address.....Place of work.....

Telephone Number .....

Email address .....

Aside from the parent/guardian, who else should pick the learner from school?

Name .....Relationship.....

Telephone Number .....

**Medical Details:**

Medical Condition .....

Any allergy? Yes ( ) No ( ). If yes, which one(s).....

Any Special Need? Yes ( ) No ( ). If yes, specify .....

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In case of emergencies, preferred hospital.....

Doctor's name..... phone Number .....

(the parent/guardian takes the responsibility of clearing the medical bill)

**Declaration**

I ..... Hereby declare that all the above details are true to the best of my knowledge and that I take the responsibility of informing the school management of any changes therein immediately. I am aware of the school rules and regulations and will abide by them. I will play my role as a parent/guardian in supporting my child and the school to achieve her mission and vision.

Signature..... date.....