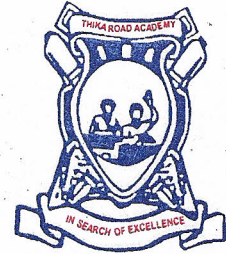


# THIKA ROAD ACADEMY

(THIKA ROAD OPP. KENYATTA UNIVERSITY)



P.O. BOX 65772-00607  
 NAIROBI  
 TEL: 811536/812684/6752826  
 CELL: 0714-959862

## APPLICATION FORM

FOR ADMISSION INTO (Tick Appropriate Box)

NURSERY (3YRS)	<input type="checkbox"/>	STD 4	<input type="checkbox"/>
NURSERY (4YRS)	<input type="checkbox"/>	STD 5	<input type="checkbox"/>
PRE UNIT (5YRS)	<input type="checkbox"/>	STD 6	<input type="checkbox"/>
STD 1	<input type="checkbox"/>	STD 7	<input type="checkbox"/>
STD 2	<input type="checkbox"/>	STD 8	<input type="checkbox"/>
STD 3	<input type="checkbox"/>		

NAME OF CHILD \_\_\_\_\_ (Block Letters)

DATE OF BIRTH \_\_\_\_\_ (Attach copy of Birth Certificate)

SEX \_\_\_\_\_ NATIONALITY \_\_\_\_\_ RELIGION \_\_\_\_\_

	FATHER	MOTHER	GUARDIAN
NAME			
EMPLOYER			
PLACE OF WORK			
POSTAL ADDRESS			
OFFICE TEL.			
HOME TEL.			
RESIDENCE, ESTATE			
STREET & PLOT NO.			

Previous school attended, with dates of attendance.

Health History (Allergies, etc) \_\_\_\_\_

Family Doctor (or clinic) for Emergency \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(For official use only)

Date of Interview \_\_\_\_\_ Class assigned \_\_\_\_\_

Staff: \_\_\_\_\_

(Note: Attach supporting documents)