



STUDENT'S NAME: _____

CLASS JOINING: _____

ATTACHED FORMS TO BE FILLED IN BY PARENTS' OR THE LEGAL GUARDIAN

- REGISTRATION FORM (Fee of Shs. 3,000.00(cash) to be paid on return of this form)
- STUDENT HEALTH QUESTIONNAIRE

ATTACH ALL THE BELOW LISTED DOCUMENTS

- | | | |
|---|----------|--------------------------|
| • ONE RECENT PASSPORT SIZE PHOTO - STUDENT | RECEIVED | <input type="checkbox"/> |
| • ONE RECENT PASSPORT SIZE PHOTO – PARENTS | RECEIVED | <input type="checkbox"/> |
| • COPY OF BIRTH CERTIFICATE | RECEIVED | <input type="checkbox"/> |
| • COPY OF PASSPORT – STUDENT | RECEIVED | <input type="checkbox"/> |
| • COPY OF IMMUNIZATION CARD (KINDERGARTEN) | RECEIVED | <input type="checkbox"/> |
| • COPY OF LAST ACADEMIC REPORT | RECEIVED | <input type="checkbox"/> |
| • COPY OF BOTH PARENTS' ID'S / PASSPORT | RECEIVED | <input type="checkbox"/> |
| • COPY OF DEPENDANT'S PASS (WHERE APPLICABLE) | RECEIVED | <input type="checkbox"/> |
| • COPY OF BOTH PARENTS' ALIEN CARD (WHERE APPLICABLE) | RECEIVED | <input type="checkbox"/> |
| • COPY OF PARENT'S WORK PERMIT (WHERE APPLICABLE) | RECEIVED | <input type="checkbox"/> |

FOR OFFICIAL USE

Received by: _____

Signature: _____

Date: _____