

SERARE SCHOOL

APPLICATION FORM (HIGH SCHOOL)

1. Full name of student _____
2. Date of Birth _____ Form sought _____
3. Medical or other problems which could affect the student's education e.g allergies

4. Is your Child Medically covered, if so by which insurance? _____
5. Is your child required to eat special food ? If so give details. _____

6 Academic Background:

Name of last school attended _____ Class/Form: _____

7. Provide the school with copies of the following documents prior to the interview

- | | |
|---|--------------------------|
| (i) K.C.P.E result slip | <input type="checkbox"/> |
| (ii) School Leaving certificate | <input type="checkbox"/> |
| (iii) Letter from previous school | <input type="checkbox"/> |
| (iv) Report form of last exams from previous school | <input type="checkbox"/> |

8. How did you come to know of Serare School?

9. Parents/Guardian Information:

Name in full: _____ Occupation: _____

Office Telephone Number: _____ Mobile _____

Home Telephone Number: _____ Address: _____

10. Where would you like to collect your interview results and other documents?

TOWN OFFICE **SCHOOL**

NB: Town office is at Upper Hill Medical Centre 3rd floor room 3G

Parents/Guardian signature _____ Date _____

Interview results

RECORD OF SCORE

Mathematics
Chemistry
English
Biology.....
Kiswahili.....
Total

MARKS OUT OF

.....
.....
.....
.....
.....
.....

Remarks

- (1) Director of studies

- (2) Head teacher

- (3) Manager
