

SERARE SCHOOL
APPLICATION FORM (PRIMARY SCHOOL)

1. Full name of child _____
2. Date of Birth _____ Sex _____ Class sought _____
3. Boarding? _____ Day scholar? _____
4. Is transport required? _____ From: _____
5. Is lunch to be taken in school? _____
6. Medical or other problems which could affect the child's education e.g allergies

7. Is your child required to eat special food ? If so give details _____

8. Is your Child Medically covered, if so by which insurance? _____

Academic Background:

9. Name of last school attended _____ Class: _____
10. Provide the school with the following prior to the interview
- (i) Letter from previous school
- (ii) Report form of last exam from previous school
11. How did you come to know of Serare School?

12. Parents/Guardian Information:

Name in full: _____ Occupation: _____

Office Telephone Number: _____ Mobile: _____

Home Telephone Number: _____ Address: _____

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

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

MARKS OUT OF

Mathematics
English
Science
Kiswahili.....
Social Studies.....
Total

Remarks

(1) Director of studies _____

(2) Head teacher _____

(3) Manager _____