WISDOM TOWERS JUNIOR SCHOOL

We light a candle rather than curse the darkness.

P.O. Box 1608-00232, Ruiru.

Tel: 0729-343930 | 0700-737475 | 0700-737476

Email: *wisdomtowers2012@gmail.com*

ADMISSION FORM

Admission Number……. Date admitted…….. (For Official Use Only)

Please fill in this form correctly in the spaces provided.

Parents/ Guardian Details:

Father…… (Surname) …….. (Other names)

Contacts: Mobile…… P.O. BOX…….

Email……

Occupation: …… Place of work: ……

Mother…… (Surname) …….. (Other names)

Contacts: Mobile…… P.O. BOX…….

Email……

Occupation: …… Place of work: ……

Student Details:

Child 1…… (Surname) …… (Other names)

Date of Birth…… Month……Year…….. Grade Admitted ……..

Gender …… Religion …… Nationality ……

Does your child have allergies to foods or has any special condition? **Yes** ☐ **No** ☐

If Yes, please specify ……

Kindly indicate your child's NEMIS number and ASSESSMENT number below.

NEMIS NUMBER…… ASSESSMENT NUMBER ……..

Child 2…… (Surname) …… (Other names) Date of Birth…… Month……Year…….. Grade Admitted ……..

Gender …… Religion …… Nationality ……

Does your child have allergies to foods or has any special condition? **Yes** ☐ **No** ☐

If Yes, please specify ……

Kindly indicate your child's NEMIS number and ASSESSMENT number below.

NEMIS NUMBER …….. ASSESSMENT NUMBER……..

Child 3……. (Surname) …… (Other names)

Date of Birth……. Month…….Year…….. Grade Admitted ……..

Gender …… Religion …….. Nationality ……

Does your child have allergies to foods or has any special condition? **Yes** ☐ **No** ☐

If Yes, please specify ……

Kindly indicate your child's NEMIS number and ASSESSMENT number below.

NEMIS NUMBER……. ASSESSMENT NUMBER ……..

Child 4……. (Surname) …… (Other names)

Date of Birth……. Month…….Year…….. Grade Admitted ……..

Gender …… Religion …….. Nationality ……

Does your child have allergies to foods or has any special condition? **Yes** ☐ **No** ☐

If Yes, please specify ……

Kindly indicate your child's NEMIS number and ASSESSMENT number below.

NEMIS NUMBER……. ASSESSMENT NUMBER ……..

Nominee Details:

Incase parent/ guardian is unavailable, a trusted representative is

Full Names ……

Relationship to the student: …… Mobile: ……..

Certification:

I certify that the information I have given here is correct and true

Parent/ Guardian Signature: ……

Date: ……