



FPFK BETHANIA ACADEMY

P.O.BOX 96066 – MOMBASA

EMAIL : fpfkbethaniaacademy@gmail.com

#### ADMISSION FORM

PLEASE NOTE THAT INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

#### Requirements

1. Photocopy of birth certificate
2. Two passport size coloured
3. KPSEA certificate for Junior School (7-9)



#### LEARNERS DETAILS

Learners name \_\_\_\_\_

Birth Certificate Entry number \_\_\_\_\_

Assessment Number \_\_\_\_\_

D. O B            DD\_\_/MM\_\_/YYY\_\_            UPI No. \_\_\_\_\_

Home County \_\_\_\_\_            Sub- County \_\_\_\_\_

Special Medication \_\_\_\_\_            Special need \_\_\_\_\_

#### PARENT DETAILS

Fathers Full Name \_\_\_\_\_

Postal Adress \_\_\_\_\_

Phone number \_\_\_\_\_            ID no \_\_\_\_\_

Email address \_\_\_\_\_            Residence \_\_\_\_\_

Mothres Full Name \_\_\_\_\_

Nationality \_\_\_\_\_            Occupation \_\_\_\_\_

Postal Adress \_\_\_\_\_

Phone number \_\_\_\_\_            ID no \_\_\_\_\_

Email address \_\_\_\_\_            Residence \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

Hereby give the school authority to:

- > Seek medical care for my child in any medical institution they deem fit while she is under their charge in the event of any emergency.
- > I will refund the school the money spent on my childs medical bill.
- > Have my child participate in events such as games and sports, scouts and any other outings organized by the schools part of the co-curricular activities.
- > I hereby submit that all the information given in this form to be true to the best of my knowledge

Please note that by signing this form you have given the school consent and have waived any legal claims that you may have related to the use of your child image or video recording.

Name \_\_\_\_\_ ID No. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_