



# PCEA KIAMBU PRESBYTERIAN ACADEMY

P.O BOX 775-00900 KIAMBU.

MOTTO: DETERMINED TO EXCEL

Tel: 0797285622; 0706190282. Email:

[kiambupresbacad@gmail.com](mailto:kiambupresbacad@gmail.com).



## ADMISSION FORM.

### PUPILS DETAILS.

NAME: \_\_\_\_\_ UPI: \_\_\_\_\_

D.O.B: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTH CERT NO: \_\_\_\_\_

### PARENTS DETAILS.

FATHER'S NAME: ..... TEL: .....

MOTHER'S NAME: ..... TEL: .....

GUARDIAN'S NAME: ..... TEL: .....

Email (either of the parent): .....

RESIDENCE (current): .....

### OTHER INFORMATION.

- o The child has any medical issue: Yes ( ) No ( ) *if yes give details* .....
- o Your child Previous school (*incase of transfer*) .....
- o How did you get to know of our school; through a friend ( ) through referral ( ) through media ( ) through teacher ( ) on my own ( )

### SCHOOL REGULATIONS.

- ❖ All learners should be in full school uniform and neat at all time.
- ❖ All learners should be in school at the right time.
- ❖ All learners should have their own stationaries.
- ❖ School fees should be paid on the first day of reporting to school.
- ❖ Learners using the school transport should be at the pick-point before the bus arrives.
- ❖ All complains and concerns should be channeled through the school's office.

A Non-refundable fee of ksh: 2000 to be paid for the admission form.

SCHOOL STAMP

PARENTS SIGNATURE: .....

**DATE: .....**

A large, empty rectangular box with a thin black border, occupying the majority of the page below the date field. It is intended for a drawing or detailed notes.