



PCEA KIAMBU PRESBYTERIAN ACADEMY

P.O BOX 775-00900 KIAMBU.



MOTTO: DETERMINED TO EXCEL

Tel: 0797285622; 0706190282. Email:

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.

- The child has any medical issue: Yes () No () if yes give details
- Your child Previous school (*incase of transfer*)
- 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: