THE IMAAN GARDEN SCHOOL

EMPOWERING YOUNG MINDS

P.O Box 1288 – 80200, Mtangani, Malindi
TEL: 0717836571/0715503096

APPLICATION FOR ADMISSION

STUDENT INFORMATION:

Academic Year: _____ Class/Grade: _____

First Name _____ Middle Name_____

Last or Family Name _____ Date of Birth _____

Religion _____ Gender: ☐ Male ☐ Female

Previous School attended: _____ Previous Class/Grade completed: _____

PARENT/GUARDIAN INFORMATION:

Father's Full Names _____ ID Number _____

Mobile Tel. No. _____ Occupation _____

Email address _____ Physical Address_____

Mother's Full names _____ID Number _____ Tel.No._____

Emergency Contact Person (non-parent) _____ Tel No. _____

MEDICAL INFORMATION:

Any other information: (Any sickness, allergies or any other information the school should be aware of)

_____

_____

_____

PERSONS AUTHORISED TO PICK THE CHILD FROM SCHOOL

Kindly give details of the person who will be authorized to pick your child. In case of any changes, the office should be notified for the sake of your child's safety.

1 _____

2 _____

REQUIRED DOCUMENTS CHECKLIST

Please ensure the following copy documents are attached to this application:

- One recent Passport-sized photograph of the student.
- Copy of the student's Birth Certificate or Passport.
- Copy of Parent/Guardian ID/Passport (both parents if applicable).
- Copy of the latest two academic report forms from the previous school.
- Transfer letter or Living certificate from the previous school (upon offer of admission).
- Completed and signed Health Record Form.

PARENT/GUARDIAN DECLARTION

I/We, the undersigned Parent(s)/Legal Guardian(s), confirm that the information provided in this form is true, complete, and accurate to the best of my/our knowledge. I/We understand that providing false or misleading information may lead to the cancellation of the application or admission. I/We agree to abide by the rules, regulations, and fee structure of The Imaan Garden School if my child is admitted.

Parent/Guardian Name: _____ Tel. No. _____

Signature _____ Date_____

FOR OFFICE USE ONLY

RECEIVER NAME: ……

DATE RECEIVED: …….

ADMISSION ACCEPTED Y/N …… ADMITTED TO CLASS: …….

COMMENTS (If Applicable): ……

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