



UMMI SAFIA MADRASSA – BUSTANUL IMAAN

ILLUMINATING HEARTS WITH LIGHT OF QURAN

P.O Box 1288 – 80200, Mtangani, Malindi | TEL: +254 (0) 717 836 571 / 715 503 096

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 DECLARATION

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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