

THIKA MEMORIAL CHURCH SCHOOL

P.O.BOX 1647

THIKA - TEL: 020-8002489 / 0727 461136

=====

APPLICATION FORM

1. Name of child.....
 2. Date of Birth
 3. Religion (or denomination).....
The church you attend..... Rev /Father.....
 4. Last School Attended.....
 5. State the term, year and class in which you want your child to be accepted in this school
.....
 6. Father's Name.....
 7. Occupation Place of Work
 8. Mother's Name.....
 9. Occupation..... Place of work.....
Father's Postal Address..... City..... Code.....
Mothers Postal Address..... City..... Code.....
Fathers Phone No. (Office)..... Mobile.....
Mothers Phone No. (Office)..... Mobile.....
Residential Phone No..... Mobile.....
 10. Family Doctor Physical Address & Telephone:.....
 11. Children must be physically fit for all School activities. Is this **Yes/No**.....
If No above, give details.....
.....
- Fathers signature**..... **Mothers signature**.....
- Date:**.....

Receipt No......

Date:.....