



FANAKA JUNIOR SCHOOL
P.O Box 4058 – 005006 Nairobi
Mobile: 0722 240 900
Email: fanakajunior@gmail.com

Date _____

Class _____

Name of child Surname First Name Middle Name

Male

Female

Date of Birth ____/____/____

Previous School attended: _____

PARENTS' DETAILS

Father's Name:	Mother's Name:
Mobile Number:	Mobile No.:
Office Tel:	Office Tel:
Occupation:	Occupation:
Nationality:	Nationality:
E-mail address:	E-mail address:
Residence:	Residence:
Child lives with:	
Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Other(Specify) _____	

List any other two people to be contacted in case of an emergency and the parents are out of reach.

1) Name:	Mobile No.
Residence:	Relation to the Child:
2) Name:	Mobile No.
Residence:	Relation to the child:

Kindly Tick Appropriately:	Yes	No
Does your child have allergies to the following: Bee stings Dust Medicine: _____ Food: _____		
Does your child have any disability or long term illness? If YES, please give a brief explanation; _____ _____ _____		
I hereby give consent that if my child has high fever that he or she should be given Calpol and that I will be notified immediately. Sign _____ In case of an accident, my child will be rushed to the nearest hospital and I will be notified. Sign _____ In case of any medical condition on my child, I will notify the school as soon as possible. Sign _____		
I have read and understood the policies of the school: Signature: _____ Date: _____		

Attach the following:

- Copy of birth certificate
- 2 recent passport size photos