



NICEWAYS JUNIOR ACADEMY
P. O. BOX 10594 00400 NAIROBI
MODELLING EXCELLENCY TOGETHER

PUPILS PERSONAL INFORMATION

Pupils Full names
Surname Middle First name

Date of birth
Day Month Year

Class of admission.....year of admission.....

Previous school and class.....Religion.....

NEXT OF KIN IN THIS SCHOOL (BROTHER OR SISTER)

NAME.....RELATION.....CLASS.....

➤ **PARENTS/GUARDIAN INFORMATION**

Fathers Name.....Place of Work.....Tel.....

Mothers Name.....Place of work.....Tel.....

Email.....residential area.....house no.....

Any health challenge..... indicate.....

To which hospital should your child be taken to incase of emergency.....medical scheme.....

Indicate if you are taking any of the following service

i. School transport.....picking point.....

AGREEMENT

I.....the parent/ guardian of the above pupil have given true and relent information to my knowledge and I do hereby commit to abide with the school rule in support of the progress and wellbeing of the pupil.

SignDate.....

➤ **FOR OFFICIAL USE:**

Date of admission..... Class of Admission.....

Remarks

Head teacher's sign.....

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