



APPLICATION FORM FOR ADMISSION 2020

TO: THE PRINCIPAL
ALIM HIGH SCHOOL

I wish to apply for my son/ward to join form one/two whose details are follows.

1. DETAILS OF THE STUDENT

- a) Full Name
- b) Date of Birth c) Place of Birth d) Nationality
- e) Name of the last primary school attended
- f) Address of the school g) Tel No.
- h) Index No. i) K.C.P.E. Marks
- j) Secondary school attended (incase of transfer)

2. DETAILS OF PARENT/GUARDIAN

- a) Full name of parent/guardian
- b) If guardian, state the relation to the student c) I.D No.
- d) Postal Address e) Physical Address
- f) Telephone No. i) Father ii) Mother iii) Guardian

3. MEDICAL HISTORY OF THE STUDENT

Does the student suffer from any of the following diseases? YES/No

- a) Asthma b) Epilepsy c) Heart Problem
- d) Allergies
- e) T.B

If your answer is yes to any of the above, explain

Any other information about the student's health (e.g. eyesight, hearing problems, etc)