



M'SALEM SCHOOL COMPLEX

P.O.BOX 19, MADINA
MOTTO: IN GOD WE TRUST
TEL.:0244697413/0244697418

Passport picture

ADMISSION FORM

Surname:..... First name:..... Other names:.....

Gender: Male or female

Date of birth:...../...../..... Age:.....

Nationality.....Hometown:.....

Any special illness:.....

Previous stage (if any):.....Present:.....

Cause of withdrawal:.....

PARENTS/GUARDIANS INFORMATION (PARTICULARS)

Father's name..... Occupation.....Tel. No.:.....

Mother's name..... Occupation.....Tel. No.:.....

Guardian's name..... Occupation.....Tel. No.:.....

Emergency contact: In case of emergency contact

Name of emergency contact:.....

Telephone number:.....

Location:.....

DECLARATION

Ihereby stand as a surety and guarantor for my child/children studentship in this school. I understand that all fees are payable at the point of admission and before each term ends. In case of withdrawal the authorities will have to be informed for the necessary documents to be processed.

Parents/Guardians signature:..... Date:...../...../.....

OFFICE USE ONLY

Date registered:.....

Received by.....

Signature:.....