LITTLE PEARLS SCHOOL

STUDENT ADMISSION FORM

Learn & Shine

info@littlepearlsschool.co.ke
+254 112 500773
www.littlepearlsschool.co.ke

PASSPORT PHOTO

Admission No.	
Date of Application	

A. STUDENT INFORMATION

Full Name	
Date of Birth	
Gender	Male ■ Female ■
Birth Certificate No.	
Nationality	
Class Applying For	
Current/Previous School	
Home Address	

B. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Name	
Relationship	
Phone Number	
Email Address	
Occupation	
Parent/Guardian 2 Name	
Relationship	
Phone Number	
Email Address	
Occupation	

C. EMERGENCY CONTACT

Contact Name	
Relationship	
Phone Number	
Alternative Number	

D. MEDICAL INFORMATION

Medical Conditions	
Allergies	
Current Medication	
Doctor/Clinic	
Clinic Contact	

E. ACADEMIC BACKGROUND

Last Grade Completed	

Previous School	
Reason for Transfer	

F. SPECIAL EDUCATIONAL NEEDS

Details	

G. TRANSPORT REQUIREMENTS

Require School Transport	Yes ■ No ■
Residence/Route	

H. CO-CURRICULAR INTERESTS

Interests	Music ■ Art ■ Sports ■ Chess ■ Dance ■ ICT ■ Other ■

I. REQUIRED DOCUMENTS

■ Birth Certificate Copy
■ Passport Photo
■ Parent/Guardian ID Copy
■ Previous School Report Form
■ Immunization Records
■ Transfer Letter (where applicable)

J. DECLARATION

I declare that the information provided in this form is accurate and complete. I consent to Little Pearls School storing and using this information for educational and administrative purposes.

Parent/Guardian Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Admission Number	
Date Received	
Class Admitted To	
Admissions Officer	
Head Teacher	