



ST. BENEDICT PRIMARY SCHOOL

BENEDICTINE MONKS

MOTTO: PRAY AND WORK

P.O. BOX 32101, NAIROBI – 00600

TEL: 0705098177

EMAIL: info@benedicts.co.ke

ADMISSION FORM

Admission Number:

Class:

Admission Date: ___/___/___

(Day/ Month/year)

APPLICANT INFORMATION

Full Names: _____, Gender: ____, Date of Birth: ___/___/___
(First Name/Middle Name/Last Name) (M/F) (Day/Month/Year)

Blood Group: _____, Health Condition (E.g. Allergies): _____

PARENT/GUARDIAN INFORMATION

Full Names: _____, Relationship: _____
(First Name/ Middle Name/ Last Name) (Father/Mother/Guardian)

Contact: _____
(Phone Number)

Postal Address: _____
(Box xxxxx - Postal Code)

Physical Address: _____, Town: _____
(Estate OR Place of Residence)

Parent/ Guardian Occupation: _____, Employer: _____

NB Incase of any emergency please contact (Mr. /Mrs. /Miss.) _____

Contact: _____, Address: _____
(Phone Number) (Box xxxxx – Postal Code)

COMMITMENT

I, _____ commit to pay all the school fees for my
SON/DAUGHTER promptly as required by the institution and abide by the term of admission
here in stated.

Signature: _____, Date: ___/___/___
(Day/Month/year)