



TENDER BRAINS SCHOOL

P.O BOX 111-60602, Kianjai | Tell: +254 720 334134

Website: www.tenderbrains.sc.ke

APPLICATION FORM

STUDENT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: ☐ Male ☐ Female

Religion: _____

Home County: _____

Previous School Attended: _____

Class Applying For: _____

PARENT / GUARDIAN INFORMATION

Full Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Guardian

ID Number: _____

Phone Number: _____

Alternative Phone Number: _____

Email Address: _____

Occupation: _____

Home Address: _____

Does the student have any medical conditions? ☐ Yes ☐ No

If Yes, specify: _____

Allergies: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Health Insurance (SHA) Number (if available): _____

Preferred Health Facility/Hospital: _____

Personal Insurance (in case of any medical emergencies): _____

DECLARATION

I, the undersigned, confirm that the above information is accurate and complete. I agree to abide by the rules and regulations of Tender Brains School.

Parent/Guardian Name: _____

Signature: _____

Date: ____ / ____ / ____

FOR OFFICIAL USE ONLY

☐ Application Received By: _____

☐ Admission Approved By: _____

☐ Class Assigned: _____

☐ Admission Number: _____

Date of Admission: ____ / ____ / ____

School Stamp & Signature: _____