ST. VERONICA'S CHEBUKAKA COMPREHENSIVE SCHOOL-SABOTI, TRANS-NZOIA COUNTY.

School Admissions Form (SAF)

1. Details of Applicant

First Name	Middle Name	Last Name
Gender:	Date of Birth: (Day/Month/Year)	Birth Certificate Number
Date of Application and Class / Course Program Applied	Parent/Guardian Name	Postal/Physical Address and Town of Parent/Guardian
Contact Telephone, Email and other contacts	Parent/ Guardian Occupation:	Emergency Contact

2. Attachments

Please attach a clear Copy of the Learner's Birth Certificate

3. Declaration and Commitment

By signing, declare and commit to the following:

- That the information provided in this application is true and correct to the best of Knowledge and i understand that it is an offence under the Kenyan Penal Code to give false information.
- That i commits to abide by the terms of admissions and school policies.

Name; _____Signature_____Date:_____

Completed application forms should be delivered by the parent/guardian in the company of the learner to: -
The Principal, St. Veronica's Chebukaka Comprehensive School-Saboti
Saboti-Chebukaka Road. P.O. Box 2624 Kitale 30200. TEL: +254727458747
E-MAIL: Info@svchebukaka-comprehensive.sc.ke and Svchebukaka.comprehensive@gmail.com

FOR OFFICIAL USE ONLY

The applicant ***Meets/ Does Not Meet*** the School's requirements and is hereby **Admitted/Not Admitted**

Admission Number_____: Class Admitted_____: Admission Date_____ (Day/ Month/year)

In case the application is not admitted, the reasons for not admitting as follows:-

……..……

Name…….....Designation……Signature ……Date :……