



**JONATHAN GLOAG ACADEMY**  
**SCHOOL APPLICATION FORM**

DATE OF APPLICATION: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT CLASS \_\_\_\_\_

CLASS APPLIED FOR: \_\_\_\_\_ YEAR: \_\_\_\_\_ TERM: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_ ID NO: \_\_\_\_\_

CONTACT: CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_ ID NO \_\_\_\_\_

CONTACT: CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_

NAME(S) OF SIBLING (S) IN JGA: 1. \_\_\_\_\_ CLASS: \_\_\_\_\_

2. \_\_\_\_\_ CLASS: \_\_\_\_\_

INTERVIEWS TAKEN – MATHEMATICS

- ENGLISH

- KISWAHILI

AVERAGE

COMMENTS (*INTERVIEWING TEACHER*)

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DOCUMENTS SUBMITTED: Pupils Birth Certificate (Copy)

The Last 2 Termly Reports from Previous School (Copies)

Parents ID (Copies)

SENIOR TEACHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADMITTED \_\_\_\_\_ NOT ADMITTED \_\_\_\_\_

HEADTEACHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_