



ST. PAUL THOMAS ACADEMY

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Email: admissions@stpaulthomasacademy.co.ke | Web: www.stpaulthomasacademy.co.ke

APPLICATION FORM

APPLICATION FORM REF SPTA/AF/2023

Serial Number: SPTA/AF _____

Guidance/instructions.

For further information on application process refer to www.st.paulthomascademy.co.ke

The completed form should be submitted or returned to the above address.

1. Please complete this form. If a section does not apply to you, leave it blank.
2. Please attach:
 - a. Certified photocopy of your previous school results slip.
 - b. Photocopy of Birth Certificate.
 - c. Medical Certificate/Report.
 - d. Two colored passport size photographs.
 - e. NEMIS Number.
 - f. Assessment Number.
3. All applications will be acknowledged.

Affix one of your
Current passport size
photograph here

BACKGROUND INFORMATION

Admission in Class: _____ Term: _____ Date: _____

Pupil's Name: _____, Date of Birth: _____

NEMIS No.*: _____ Assessment No.*: _____

*Mandatory

A. Parents/Guardians particulars:

1. Father: _____ Phone No.: _____

Occupation: _____ Email: _____

2. Mother: _____ Phone No.: _____

Occupation: _____ Email: _____

3. Guardian: _____ Phone No.: _____

Occupation: _____ Email: _____

B. Residence:

County: _____ Sub-County: _____

Estate: _____ Nearest police station: _____

C. Religion:

Christian/Muslim/Hindu: _____

Denomination: _____

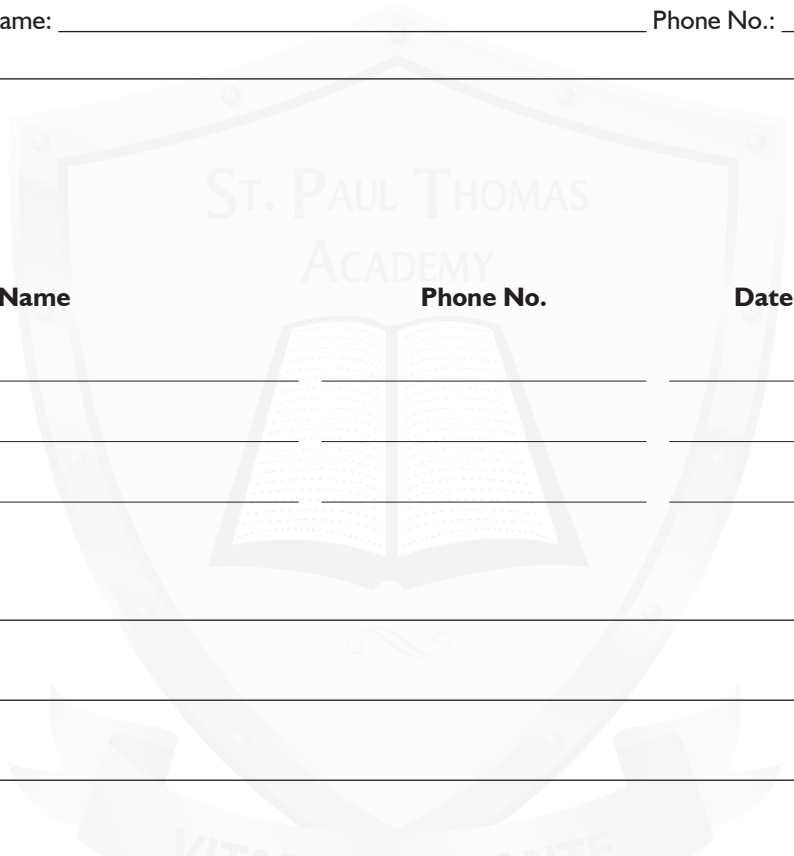
D. Former Primary School:

I. School Name: _____ County: _____

Tel No: _____ Nearest Town: _____

Head Teacher's Name: _____ Phone No.: _____

Email Address: _____



Members Approving.

	Name	Phone No.	Date	Signature
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1.	_____	_____	_____	_____
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2.	_____	_____	_____	_____
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3.	_____	_____	_____	_____
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