



STRATHMORE SCHOOL  
P.O. BOX 25095-00603  
Lavington NAIROBI

Email: [info@strathmore.ac.ke](mailto:info@strathmore.ac.ke)

TEL: 020-2398311, 020-2398488  
0722-221221, 0718-222222  
0733-937945

## **APPLICATION FOR ADMISSION TO GRADE ONE 2020**

Thank you for expressing interest in Strathmore School.

Strathmore School is a boys' day school; it is a private, non-profit-making institution which aims at developing its students both academically and humanly so that they are well prepared to serve society. Its educational goals are based on Christian principles.

To qualify for Grade 1, candidates must have turned **6 years by 31<sup>st</sup> December 2019**.

The following details will help you to fill in the form on page 2 and 3 of this download.

1. Please print the Application Form found on the next page of this document. Fill in the printed application form and bring it physically to Strathmore School together with the following:
  - a) A recent, coloured, passport-size photograph of the candidate with the candidate's full name written at the back,
  - b) A copy of the candidate's birth certificate,
  - c) A letter from the kindergarten the child is attending giving an assessment of the candidate's ability.
2. Please ensure that the application form and all the other relevant documents have been handed into the school before the first week of June.
3. Upon handing in the application form and the documents to the school, you will be given further information regarding the written interview which will be held on **Saturday, 8<sup>th</sup> June 2019**.

For more information, do not hesitate to write to [\*\*info@strathmore.ac.ke\*\*](mailto:info@strathmore.ac.ke)

# STRATHMORE SCHOOL

## ONLINE APPLICATION FORM

Application for admission to **Grade One 2020**

(Please PRINT all entries)

Ref. 

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### PUPILS INFORMATION

First name			Middle Name		Surname	
Date of birth			Citizenship		Nursery/ Primary schools he has attended	
Day	Month	Year			1 _____ 2 _____ 3 _____	
			Faith			
			Religion			
			Denomination			
NEMIS NUMBER:						
Have you applied before?					Relevant Medical Information	
<b>No</b>	<b>Yes</b>	<b>Year</b>	<b>Ref. No.</b>			

### PARENTS INFORMATION

FATHER		MOTHER		Family Residential address	
Name: _____		Name: _____		Estate: _____	
Profession: _____		Profession: _____			
Designation: _____		Designation: _____			
Company: _____		Company: _____			
Town: _____		Town: _____		Town: _____	
Country: _____		Country: _____		Home Tel: _____	
Office Tel: _____		Office Tel: _____		Contact address	
Mobile: _____		Mobile: _____		(where letters should be posted to)	
E-mail: _____		E-mail: _____		P.O. Box: _____	
Signature: _____		Signature: _____		Postal code: _____	
Date: _____		Date: _____		City: _____	

### SIBLINGS

NAME	AGE	NAME OF INSTITUTION (where applicable)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

## GENERAL INFORMATION

Name of any other son, relative or friends who have had some relation with Strathmore (e.g. past student, teacher, etc.)

	NAME	CATEGORY (e.g. Teacher/Student)	YEARS	RELATION (e.g. Family ties)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

**Reasons for applying to Strathmore**

### OFFICIAL USE ONLY

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