



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

Email: info@strathmore.ac.ke

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

APPLICATION FOR TRANSFER 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.

The following details will help you to fill in the form on **page 2-3 (Primary Transfer)** or **page 4-5 (Secondary Transfer)** of this download.

1. Please print the relevant Application Form found on the subsequent pages 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 copy of the end of Term 2 report form from the school the applicant is attending.
 - d) A copy of the applicant's KCPE results. (For those applying to Secondary)
2. Please ensure that the application form and all the other relevant documents have been handed into the school by **Friday, 25th October 2019**
3. Upon handing in the application form and the documents to the school, you will be given further information regarding the written interviews which will be held on **Friday, 1st November 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/Standard** 2020
 (Please PRINT all entries)

REF T.

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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	
No	Yes	Year	Ref. No.			

PARENTS INFORMATION

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

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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STRATHMORE SCHOOL

ONLINE APPLICATION FORM

Application for admission to **FORM 2 2020**

(Please PRINT all entries)

REF.

T.		
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STUDENTS INFORMATION

First Name			Middle Name			Surname				
Date of birth		Citizenship:			Present School		Mode of Learning (Please tick)			
Day	Month	Year						Day	Boarding	Boarding
			Faith			KCPE School Code / Index No.		Std. 4-8	Std. 4-8	Std. 7-8
			Religion							
			Denomination							
NEMIS NUMBER				OTHER SCHOOLS ATTENDED						
Details of Mock/Term 2 & KCPE Exams (indicate grades in the spaces provided)				MOCK/TERM 2		KCPE		1 _____ 2 _____ 3 _____		
				%	GR	%	GR			
English								NON-FORMAL LEARNING ACTIVITIES (Sports, Hobbies, Clubs, etc)		
Kiswahili										
Mathematics										
Science										
SST/RE										
TOTAL POINTS										
Rank:										
No. of pupils in class:										
No. of pupils in stream:										
PARENTS INFORMATION										
FATHER				MOTHER				Family Residential address		
Name: _____				Name: _____				Estate: _____		
Profession: _____				Profession: _____						
Designation: _____				Designation: _____				Town: _____		
Company: _____				Company: _____						
Town: _____				Town: _____				Home Tel: _____		
Country: _____				Country: _____						
Telephone: _____				Telephone: _____				Contact address		
Mobile: _____				Mobile: _____				(where letters should be posted to)		
Email: _____				Email: _____				P.O. Box: _____		
Signature: _____				Signature: _____				Postal code: _____		
Date: _____				Date: _____				City: _____		

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2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

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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

DATE OF RETURN _____

RESULTS SLIP SUBMITTED ON: _____

A		I		IB	IP
M		R			
T		A			