



# SRI SATHYA SAI SCHOOL – KISAJU

A PROJECT OF SRI SATHYA SAI CENTRE – KENYA,  
UNDER SRI SATHYA SAI EDUCATION TRUST - KENYA

**LOVE ALL SERVE ALL**

<http://www.sathyasaischoolkisaju.org>

**Founder: Sathya Sai Baba**

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**PIN: P051137517T**

B.O.T.: [info@sairaj.com](mailto:info@sairaj.com)

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FIRST NAME	MIDDLE NAME	SURNAME
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**CLASS** \_\_\_\_\_

**DATE OF BIRTH (be exact)** \_\_\_\_\_

**ADDRESS OF PREVIOUS SCHOOL** \_\_\_\_\_

**TELEPHONE NUMBER OF PREVIOUS SCHOOL** \_\_\_\_\_

**CONTACT PERSON NAME AT PREVIOUS SCHOOL AND PERSONAL NUMBER**

\_\_\_\_\_

**FATHER'S FULL NAME** (Write in order of FIRST NAME, MIDDLE NAME, SURNAME)

\_\_\_\_\_

**FATHER'S ID** (Please attach copy of ID) \_\_\_\_\_

**NATIONALITY** \_\_\_\_\_

**LANDLINE PHONE NUMBERS** \_\_\_\_\_

**MOBILE PHONE NUMBERS** \_\_\_\_\_

**PHYSICAL ADDRESS OF YOUR RESIDENCE** (Include location and district)

\_\_\_\_\_

**POSTAL ADDRESS** (Include Post Code)

\_\_\_\_\_

**SINGLE**    **MARRIED**    **SEPERATED**    **DIVORCED**    **DESEASED** (tick the appropriate box)



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**MOTHER'S FULL NAME** (Write in order of FIRST NAME, MIDDLE NAME, SURNAME)

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**MOTHER'S ID** (Please attach copy of ID)

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**NATIONALITY**

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**LANDLINE PHONE NUMBERS**

---

**MOBILE PHONE NUMBERS**

---

**PHYSICAL ADDRESS OF YOUR RESIDENCE** (Include location and district)

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**POSTAL ADDRESS** (Include Post Code)

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SINGLE  MARRIED  SEPERATED  DIVORCED  DESEASED (tick the appropriate box)

**MEDICAL HISTORY/CERTIFICATE**

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**\*\*\*Documents Required.**

- 1) 3 passport sized photographs
- 2) copy of birth certificate
- 3) if the child is an orphan, please provide a letter from your location chief or district office
- 4) if married please attach copy of your marriage certificate
- 5) if divorced please attach copy of your lawyer's papers
- 6) if deceased please attach a copy of the death certificate
- 7) latest Medical Report

Kindly note that the information on this form should be accurate and true. The form should be filled completely, failure to do so may result in expulsion with immediate effect.

Form Filled/Submitted By:

Approved

**SIGNATURE**

**SIGN 1.**

**NAME**

**SIGN 2.**

**DATE**

**ALLOCATED ADMISSION NO.**

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PIPELINE ROAD, KISAJU, KAJIADO DISTRICT, NAIROBI, KENYA

+254 (0) 710 736 738 / 733 832 233 / 733 609 099 (B.O.T)

MAILING ADDRESS: PO BOX 43490-00100, NAIROBI, KENYA, PO BOX 333, KAJIADO, KENYA



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THANK YOU FOR SECURING A CHANCE WITH US

## ADMISSION REQUIREMENTS

- 2 NAVY BLUE SWEATERS – V NECK
- 2 SHIRTS - LIGHT BLUE
- 2 SHORTS NAVY BLUE
- 2 TROUSERS NAVY BLUE FOR WEEKEND
- GAMES KIT
  - a. 2 Yellow Shorts
  - b. 2 Green T. Shirts
- SPORT SHOES – WHITE
- TOILET TRIES
  - a. Bathing Soap – Dettol – 4 Pieces
  - b. Panga Soap – 1 Bar
  - c. Omo – ½ kg
  - d. Vaseline Medium
  - e. Kiwi Shoe Polish
  - f. Toothpaste and toothbrush
  - g. Bucket
  - h. Pajamas
  - i. Slippers
  - j. Pegs
  - k. Face towel
  - l. Comb

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