



Roots Kindergarten and Primary

P. O. Box 2-00902,

Kikuyu Kenya

Tel: 0715717439

STUDENT'S REGISTRATION FORM

Name of Child _____ / _____ / _____

Surname

FirstName

SecondName

Birth Date _____ / _____ / _____ Sex _____ Birth-Place _____ / _____

Day Month Year

M or F

City

Country

Name of Parent/Guardian _____

Phone No: _____ Email: _____

Entrance Date Requested: _____ / _____ Class: _____

Month

Year

REFERENCE AND EMERGENCY CONTACTS (OTHER THAN PARENTS)

1. Name: _____ Relationship: _____

Phone No: _____

2. Name: _____ Relationship: _____

Phone No: _____

MEDICAL INFORMATION

Name of Family Doctor: _____

Clinic's Physical Address: _____

Telephone No: _____

Does your child have any of the following related conditions?

Diabetes _____ Asthma _____ Epilepsy _____ Other _____

Does your child have an allergy? Food, Medicine, or any other allergen? If yes, please indicate

- I give permission to Roots school to administer paracetamol if deemed necessary

YES ☐ NO ☐

- I give permission to Roots Kindergarten and Primary to take my child to Akshar Nursing Home in case of any emergency

YES ☐ NO ☐

GENERAL INFORMATION

1. Do you have any concern about your child's academic or physical development? _____

Please indicate if any

2. Does your child need any special attention? Please Specify. (Tick where appropriate)

Autistic Yes/No Dyslexia Yes/No

Other _____

Welcome to Roots Kindergarten and Primary. Our Motto is to Engage the heart of the learner through instilling Christian Values and educating the mind for service.

Parent/Guardian

Signature _____ Date: _____