* 

**JALARAM ACADEMY**

 **ADMISSION REQUEST FORM**

 Child’s Name: ………………………………………………………………………………………………..

 (First Name) (Middle Name) (Sir Name)

Current Class: ……………….………..Nationality………………………Status…..………………………..

Current School……….…….………………………………County………………………………….............

Current Education System…………………………………………………………………………………….

Proposed Class………………………………………………………………………………………………..

Proposed Start Date…………………………………………………………………………………………..

Date of Birth………………………………………………Age…………………………………..………

Parent/Guardian Name:.....................................................................................................................................

Relationship to the child………………………………………………………………………………………

Telephone Contact…………………………………………………or………………………………………..

**Note: The pupil/student MAY OR MAY NOT be invited for interviews depending on the availability of space in the proposed class.**

**For Official Use:**

Assessment Date (if invited).....................................................................................................................

Subject 1: …………………………Time……..…Teacher……………..………………. % Scores…………

Subject 2: …………………………Time……..…Teacher……………..………………. % Scores…………



Subject 3: …………………………Time……..…Teacher……………..………………. % Scores…………

**Percentage Average Scores:**

**Recommendations by the Headteacher** ……………………………………………………………………

………………………………………………………………………………………………………………..

Name:............................................................................ Signature:.................................................................

**Recommendation by the Principal** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Date: Signature:...........................................................