

GOLF VIEW SCHOOL

ADMISSION APPLICATION FORM – 2026

Please fill in this form clearly and accurately. Submission of this form does not guarantee admission. All information provided will be treated as confidential.

A. STUDENT INFORMATION

Full Name of Pupil:	
Date of Birth:	
Gender:	
Birth Certificate No:	
Current School (if any):	
Class Applying For:	

B. PARENT / GUARDIAN INFORMATION

Parent/Guardian Name:	
Relationship to Pupil:	
Phone Number:	
Email Address:	
Postal Address:	
Residential Area:	

C. MEDICAL INFORMATION

Any known allergies or medical conditions:	
Special medical instructions (if any):	

D. PARENT / GUARDIAN DECLARATION

I confirm that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of Golf View School.

Name:	
Signature:	
Date:	

Golf View School

Kiambu County, Kenya

For enquiries, contact the school office during working hours.