



# ST. PAUL THOMAS ACADEMY

P. O. Box 555 - 10205, • Maragua, Kenya. • +254 700 372 352/3/4/5 • info@stpaulthomasacademy.co.ke  
www.stpaulthomasacademy.co.ke

Affix one of your  
Current passport size  
photograph here

**APPLICATION FORM REF. NO.** \_\_\_\_\_

## APPLICATION FORM FOR ADMISSION TO ST. PAUL THOMAS ACADEMY

### Guidance/instructions

For further information on application process refer to [www.stpaulthomasacademy.co.ke](http://www.stpaulthomasacademy.co.ke)

The completed form should be submitted or returned to: P. O. Box 555 - 10205, Maragua, Kenya.

1. Please complete this form , If a section does not apply to you, leave it blank.
2. Attach certified copy of certificates and transcripts and one recent passport size photograph
3. All applications will be acknowledged.

Admission in Class: \_\_\_\_\_ Term: \_\_\_\_\_ Date: \_\_\_\_\_

1. Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

NEMIS Number: \_\_\_\_\_

### A. Parents / Guardians particulars:

1. Father: \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Mother: \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Guardian: \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Other Contacts:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

### B. Residence:

County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Estate: \_\_\_\_\_ Nearest police station: \_\_\_\_\_

**C. Religion:** \_\_\_\_\_ Church/Mosque: \_\_\_\_\_

Denomination: \_\_\_\_\_

### D. Previous School:

1. School Name: \_\_\_\_\_ County \_\_\_\_\_

Class Position: \_\_\_\_\_ Marks: \_\_\_\_\_

Principal's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Tel No: \_\_\_\_\_ Nearest town: \_\_\_\_\_

### RESULTS PER SUBJECT

SUBJECT	ENGLISH	KISWAHILI	MATHS	SCIENCE	SOCIAL STUDIES	RE	TOTAL
MARKS							