

المدرسة السيفية البرهانية

MSB EDUCATIONAL INSTITUTE



APPLICATION FORM

Applicant's Name: _____

**Passport
Photo**

P.O BOX 95717, MOMBASA, KENYA
Tel: 020-2040726 / 0714613684 / 0734457653
Email: msbmombasa5253@gmail.com

Student Information

ITS ID		Password	
ITS Full Name		Gender	
Date of Birth		Age	
Residence Address		Residence Phone	
Mother Tongue		Last School attended	
Class studying at present		Admission required in	
Emergency Contact (Person Name)		Emergency Contact (Phone)	

Father Information

Father ITS ID		Father Full Name	
Qualification		Occupation	
Designation		Annual Income	
Office Address		Office Phone	
Mobile		Email	

Mother Information

Mother ITS ID		Mother Full Name	
Qualification		Occupation	
Designation		Annual Income	
Office Address		Office Phone	
Mobile		Email	

Siblings Information

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Name				
Age				
ITS				
Current School				
Class				

REASONS FOR APPLYING TO THE MSB EDUCATIONAL INSTITUTE (MSA)

APPLICATION CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> COPY OF BIRTH CERTIFICATE | <input type="checkbox"/> COPY OF SCHOOL LEAVING CERTIFICATE |
| <input type="checkbox"/> COPY OF VACCINATION CERTIFICATES | <input type="checkbox"/> 2 PASSPORT SIZE PHOTOS |
| <input type="checkbox"/> COPY OF LAST 2 REPORT CARDS | <input type="checkbox"/> COPY OF ITS CARD FOR CHILD/PARENTS |

DECLARATION (To be signed by parent)

1. We acknowledge that, should this application be accepted our child and we (parents) undertake to abide by the policies and regulations of the MSB Educational Institute, Mombasa and we (Parents), understand that in serious instances of infraction e.g. damage to school property, bodily harm to another student/teacher, our child may be asked to leave the school.
2. We acknowledge that, upon acceptance, we agree to pay and abide by the fees policy of the MSB Educational Institute.
3. If a student wishes to withdraw from the school, a full term's notice of withdrawal must be given or in lieu of notice pay one term's fees to the school.
4. We acknowledge that MSB Educational Institute shall take reasonable care to ensure the safety of each and every pupil and student, but shall not be indemnified from any claims resulting from any circumstances beyond the Institute's control and whatsoever caused.
5. We acknowledge that the school is not responsible for loss/damage to expensive personal equipment brought to school such as laptops computers and mobile phones.
6. We declare that all previous medical and psychological histories are correctly reported on the Application Form.
7. On leaving the school, students should return textbooks and any MSB Institute's property that may be in their possession.

SIGNATURE (PARENT)	DATE
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FOR OFFICIAL USE ONLY:

ADMISSION GRANTED IN _____ GR NO. _____

BUS FACILITY REQUIRED YES/NO _____ AREA _____

AL MASOOL SIGNATURE _____ DATE OF ACCEPTANCE _____