



NATUMUSE JUNIOR ACADEMY

P.O BOX 153-00209

LOITOKITOK

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ADMISSION FORM

Kindly read and carefully fill the form below

Welcome to Natumuse Junior Academy this day

Date: _____

| | |
|----------------------------------|--|
| Full Name of Pupil | |
| Admission No. | |
| Date of Birth | |
| Gender | |
| Grade Applying For | |
| Previous School (if any) | |
| Parent/Guardian Name | |
| Phone Number | |
| Special Needs/Allergies (if any) | |

Declaration:

I hereby declare that the information provided is true and correct to the best of my knowledge.

Parent/Guardian Name: _____ Signature: _____

For official Administration Purpose Only.

Name of Admission officer: _____ Signature: _____

Director Signature _____

Official Stamp _____