



BOAZ INTERNATIONAL SCHOOL

OLENGURONE AVENUE, LAVINGTON, NAIROBI, KENYA

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EXAMINATION REGISTRATION FORM.

STUDENT'S DETAILS

FULL NAME OF STUDENT.....

(As in birth certificate) First name Middle Name Last Name

YEAR OF STUDY

Physical Address.....

Town Road House number

Mailing Address:

P.O BOXCode.....Town/City.....

CountryTelephone..... Email address.....

Nationality..... Passport Number.....

Gender(Male/female).....Date of Birth

DD/MM/YY

EDUCATION (PREVIOUS SCHOOLING HISTORY)

School Name (s).....

Address (s).....

PARENT / GUARDIAN'S DETAILS

a) Father'sName.....

First Name Middle Name Family Name

Mailing Address

P.O.BOX.....Code.....Town/City.....Country.....

Telephone Numbers

Home.....Office.....Mobile.....

b) Mother's Name.....

First Name Middle Name Family Name

Mailing Address

P.O.BOX.....Code.....Town/City.....Country.....

Telephone Numbers

Home.....Office.....Mobile.....

c) GuardianName.....

First Name Middle Name Family Name

Mailing Address

P.O.BOX.....Code.....Town/City.....Country.....

Telephone Numbers

Home.....Office.....Mobile.....

Email Address.....

TO THE STUDENT

I have read and understood all the sections of this application form

Signed.....

Date

DD/MM/YY

TO THE PARENT / GUARDIAN

I have read and understood all the sections of this application form

Signed.....

Date

DD/MM/YY

SUBJECTS

Qualification	Code	Syllabus	Option

Checklist (attach the Following)

1. Two recent passport photos
2. Copy of birth certificate
3. Passport (for non-citizens)
4. Subject selection from (with syllabus codes)
5. Proof of Payments