

MBONEA SECONDARY SCHOOL

Student Application Form

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender (Male/Female): _____

Nationality: _____

Home Address: _____

Parent/Guardian Name: _____

Parent/Guardian Contact: _____

Current School: _____

Class/Grade Applying For: _____

Preferred Subjects (If any): _____

Does the student have any health conditions? If yes, specify: _____

Why do you want to join Mbonea Secondary School? (Short Answer): _____