[insert name of school] **UPI: \_\_\_\_\_\_**

**NEMIS LEARNER REGISTRATION TO BE COMPLETED IN BLOCK (CAPITAL) LETTERS**

|  |  |  |
| --- | --- | --- |
| NAME(AS ON Birth Certificate) | SURNAME |  |
| OTHERS |  |
| GRADE: | ADMISSION NO. |
| BIRTH CERTIFICATE NUMBER |  |
| BIRTH CERTIFICATE ENTRY NUMBER |  |
| DATE OF BIRTH | DD | MM | YY |
| HOME COUNTY |  | HOME SUB COUNTY: |
| HOME POSTAL ADDRESS | P. O. BOX | CODE | TOWN |
| PHYSICAL ADDRESS | ROAD:COURT/BUILDING NAME:HOUSE NUMBER: |
| MOTHER’S NAME |  |
| MOTHER’S ID NUMBER |  |
| MOTHER’S EMAIL |  |
| MOTHERS MOBILE NUMBER |  |
| FATHER’S NAME |  |
| FATHER’S ID NUMBER |  |
| FATHER’S EMAIL |  |
| FATHERS MOBILE NUMBER |  |
| GUARDIAN’S NAME |  |
| GUARDIAN’S ID NUMBER |  |
| GUARDIAN’S EMAIL |  |
| GUARDIAN’S MOBILE NUMBER |  |
| SPECIAL MEDICAL CONDITION *(IF ANY – TICK AS APPROPRIATE)* | ANEMIA ASTHMA CONVULSIONS DIABETES EPILEPSY NONE  |
| SPECIAL NEEDS | NO YES: |
| THIS FORM SHOULD BE FILLED AND SUBMITTED TO THE CLASS TEACHER WITHIN [insert duration]  |