[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] | | | |