



**MUMWE OAK SCHOOL**

**Daycare, Kindergarten & Primary**

69 Glory Road, Off Panafri Ave, Runda Mumwe, Nairobi  
P.O. BOX 14175, 00800 NAIROBI,

E-mail: [info@mumweoak.sc.ke](mailto:info@mumweoak.sc.ke): Website: [www.mumweoak.sc.ke](http://www.mumweoak.sc.ke)

Tel: 0740 060 582

**ENROLLMENT FORM**

Child's name: ..... Date of Birth .....

Parents name: .....

Email: .....

Gender: .....

Nationality: .....

**TELEPHONE**

Home: .....

Office: .....

Mobile: Mum: ..... Dad: .....

**RESIDENCE IN NAIROBI**

Area: ..... Physical address .....

P.O Box: .....

If my child becomes ill or has an accident at school, and you cannot reach me/us please contact:  
.....my/our..... (Indicate relation)

At telephone number .....

Child doctor's name: .....phone .....

**CHILD'S RESTRICTIONS**

Are there any activities in which your child should not participate for medical reasons:  
.....  
.....

Is your child under any special treatment? (Please specify): .....



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Does your child have allergies?.....

In case my child develops a fever, I/we (do/do not) wish him/her to be given Paracetamol before I/we can be contacted:.....

.....

Signature Father.....Date.....

Signature Mother.....Date.....

Signature Guardian.....Date.....

**PRIMARY CONTACT DETAILS:**

Primary Contact:	Father	Mother	Guardian

**A commitment non-refundable fee of Ksh 10,000 payable (7) days after completing this form.**