



**FORM ADM/2**

**EAST AFRICAN SCHOOL OF AVIATION**  
**OFFICE OF THE REGISTRAR (ACADEMICS)**

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STUDENT'S PERSONAL DETAILS  
(To be completed by the student)

AFFIX PASPORT SIZE PHOTO HERE

Information required in this form is intended to help the office of the registrar (Academic) and Dean of Students understand the student better. It will be used for the purpose of improving the student welfare while at school.

1. FULL Name: \_\_\_\_\_  
(SURNAME) (OTHER NAMES)
2. School Admission Number \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
4. Sex: Male/Female
5. Religion \_\_\_\_\_ ID/PP No. \_\_\_\_\_
6. Nationality \_\_\_\_\_ Country \_\_\_\_\_
7. Family Home Address \_\_\_\_\_

8. Sub-Location \_\_\_\_\_ Name of Sub Chief \_\_\_\_\_

9. Location \_\_\_\_\_ Name of Chief \_\_\_\_\_

10. County \_\_\_\_\_

11. Postal contact Address \_\_\_\_\_

Tel: Number \_\_\_\_\_

12. (a) Marital Status: Single/Married

(b) Name and Address of Spouse (if Married)

\_\_\_\_\_

13. Name Mother \_\_\_\_\_ Alive/Deceased \_\_\_\_\_

14. Full address of Mother \_\_\_\_\_

(a) Occupation of Mother \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

15. Name of Father \_\_\_\_\_ Alive/Deceased \_\_\_\_\_

(a) Occupation of Father \_\_\_\_\_ Tel \_\_\_\_\_

Name and Address of Guardian \_\_\_\_\_

16. Name of Guardian \_\_\_\_\_

(a) Occupation of Guardian \_\_\_\_\_ Tel \_\_\_\_\_

17. Name(s) of brother(s) , sister(s) and dates of birth

Name

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Give names and address of three persons who can be contacted in case of an emergency

Name	Relationship	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Name and address of secondary school (s) attended and dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. K.C.S.E or Equivalent Results

<u>Subject</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. Any other institution attended, qualification and dates of completion

<u>Institution</u>	<u>Qualification</u>	<u>Date of completion</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Which games or sports are you interested in?

Soccer \_\_\_\_\_ Hockey \_\_\_\_\_ Basketball \_\_\_\_\_ Netball \_\_\_\_\_ Lawn Tennis \_\_\_\_\_

Athletics \_\_\_\_\_ Swimming \_\_\_\_\_ Darts \_\_\_\_\_ Squash \_\_\_\_\_

Volley ball \_\_\_\_\_ Badminton \_\_\_\_\_ Rugby \_\_\_\_\_ Table tennis \_\_\_\_\_

Martial Arts \_\_\_\_\_

If other specify

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22. Did you represent your school in game/sports? If you did, in what capacity?

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23. Which clubs, societies or Hobbies are you interested in?

Please give details or your participation.

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24. Which Cubs/ Societies/ Hobbies would you like to participate in East African School of Aviation?

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25. Please give any information you think is useful for you to communicate in this School in order to improve your welfare as a student.

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26. Give any other information that might assist the school to know you better.

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**I certify that the information have provided is correct**

Signature \_\_\_\_\_ Date \_\_\_\_\_