

FORM 2-4



SERIAL NO _____

MOI EDUCATIONAL CENTRE HIGH SCHOOL

P.O BOX 45373-00100

NAIROBI

TEL: 0797339900/0777339909

EMAIL: highschool@moieducentre.ac.ke

2023 APPLICATION FORM

STUDENT'S FULL NAME:

DATE OF BIRTH:

RELIGION: _____ NATIONALITY:

HOME COUNTY: _____ SUB-COUNTY:

K.C.P.E MARKS: _____ INDEX NUMBER: _____ NEMIS:

PRIMARY SCHOOL ATTENDED: _____ COUNTY:

CURRENT SECONDARY SCHOOL: _____

PARENTS/GUARDIAN'S FULL NAMES:

IDENTITY NUMBER: _____ OCCUPATION:

CURRENT RESIDENCE: _____ EMAIL:

TELEPHONE NUMBER:

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE:

YOU WERE REFERRED TO THIS SCHOOL

BY _____

FOR OFFICIAL USE ONLY

SELECTION IS BASED ON MERIT

K.C.P.E RESULTS SHALL BE VERIFIED BY THE SCHOOL FROM KNEC

MECHS APPLICATION FORM