LINZZI SCHOOL

MTWAPA

Mobile: **0700-860860 / 0782-860860** Website: **www.linzzischool.co.ke**

CHILD SPONSORSHIP FORM

CHILD PHOTO

Date: __ __ / __ __ / __ __ __ __

Name:

_____

First Name **Middle Name** **Family Name**

Age:_____ Birth Date: __ __ / __ __ / __ __ __ __ Place of Birth:_____

PARENTS / GUARDIAN'S DETAILS

Name:

_____

First Name **Middle Name** **Family Name**

1. Age: _____ Birth Date:_____ Place of Birth:_____
2. Mobile No: _____ Contact No: _____
3. Citizenship: _____ Religion: _____
4. Home Address:_____
5. Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widow
6. Occupation:_____

_____

7. Name of Spouse: _____

8. Spouse's Occupation: _____

9. Number of children: _____ 10. Their Ages: _____

CONSENT OF THE PARENTS / GUARDIAN TO HAVE THE CHILD SPONSORED

☐ Yes ☐ No

Parent / Guardian's Signature: _____ Date Signed: