

PERSONAL INFORMATION FORM
Shade School of Language and Culture

P.O. Box 52
LIMURU, 00217, Kenya

PREFERRED CLASS: ___January ___April ___June ___August ___ October Year 200___

HUSBAND'S NAME (what you want us to call you) _____

BIRTHDATE_____

WIFE'S NAME (what you want us to call you) _____

BIRTHDATE_____

CURRENT MAILING ADDRESS

E-MAIL ADDRESS _____ FAX NUMBER _____

MISSION _____ (must be completed)

ASSIGNMENT AND LOCATION AFTER LANGUAGE STUDY (must be completed)

CHILDREN

NAMES BIRTHDATE GRADE

WILL SCHOOL-AGE CHILDREN ATTEND ROSSLYN ACADEMY OR RVA?

PREVIOUS LANGUAGE LEARNING EXPERIENCE:

Husband: _____

Wife: _____

OTHER INFORMATION THAT MIGHT BE HELPFUL IN HELPING YOU TO

LEARN KISWAHILI (Personal or confidential information will be kept strictly confidential):

KENYA CONTACT _____

P.O. BOX _____

CITY _____

Phone _____

E-Mail _____

ARRIVAL INFO: _____

Flight _____

Date/Time _____

PUPIL'S PASS INFORMATION -- This is only needed if you will not have Kenya work permits. Please include 3 passport pictures of each adult. It takes a minimum of 3 months to get approval for Pupil's passes -- you must be prompt in returning this information.

Husband/Single

FULL NAME _____

CITY/STATE/COUNTRY OF BIRTH _____

PARENTS' NAMES _____

YOUR PASSPORT NUMBER _____

DATE OF ISSUE (PASSPORT) _____

PLACE OF ISSUE (PASSPORT) _____

DATE OF EXPIRY (PASSPORT) _____

Wife

FULL NAME _____

CITY/STATE/COUNTRY OF BIRTH _____

PARENTS' NAMES _____

YOUR PASSPORT NUMBER _____

DATE OF ISSUE (PASSPORT) _____

PLACE OF ISSUE (PASSPORT) _____

DATE OF EXPIRY (PASSPORT) _____