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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT APPLICATION AND ADMISSION FORM**  **Read the instructions carefully and complete in Capital/Block letters** | | | | | | | | | | | | | **Affix recent**  **Passport size**  **Photograph here** |
| **Student Information** | | | | | | | | | | | | | |
| Name of student  (Surname/middle/ first) | | |  | | | | | | | | | | |
| Class applied for | | |  | | | | Adm No. | | | | | | |
| Previous School | | |  | | | | Grade : | | | | | | |
| Date of birth (D/M/Y) | | |  | | | | Weight (Kgs) Height (m) | | | | | | |
| Place of birth | | |  | | | | Citizenship | | | | | | |
| Religion | | |  | | | | Special talent: | | | | | | |
| **Details of the parent/guardian (state relationship if guardian)** | | | | | | | | | | | | | |
| Name | | | | | | | | ID/Passport No. | | | | | |
| House No. | | | Street | | | | | Estate | | | | | |
| Town | | | County | | | | | P O Box | | | | | |
| Home Tel | | | Parent Mobile | | | | | Email | | | | | |
| Occupation | | | Employer’s or Business Name: | | | | | Address: | | | | | |
| **Additional (next of kin) contact in case of emergency**  Name: - | | | | | | | | | | | | | |
| Relationship | | | | Mobile | | | | | Other phone | | | | |
| **Medical information** | | | | | | | | | | | | | |
| Ensure this is accurate and should be confirmed by a medical officer. If the answer to any of the following is **Yes,** please attach details and your Doctor’s assessment report. | | | | | | | | | | | | | |
| Does the student suffer from an existing medical condition? | | | | | | | | | | | |  | |
| Is the student on any medication, or require regular medication | | | | | | | | | | | |  | |
| Does the student have any medical limitations on participation in any school activities? | | | | | | | | | | | |  | |
| Does the student suffer from any allergies (food types, medicine, etc) | | | | | | | | | | | |  | |
| Any other medical information that the school should know of, to best respond to an emergency. | | | | | | | | | | | |  | |
| Details of any Medical Cover:- | | | | | | | | | | | | | |
| Parents NHIF Membership No. | | | | | | | | | | | | | |
| **Family Doctors**  **Name** | |  | | | | | | | | | | **Tel.** | |
| ***In case of a medical emergency, if the school is unable to reach the parent, guardian, next of kin, or Doctor provided herein, the parent hereby authorises the Principal to take any action that he considers in the best interest of the student in the particular circumstances.*** | | | | | | | | | | | | | |
| **Financial information** | | | | | | | | | | | | | |
| Will the fees and other payments due be made by Parent/Guardian or sponsor? If sponsor, kindly signify below your undertaking to pay the fees due: | | | | | | | | | | | | | |
| Sponsor’s name |  | | | | | | | | | Contact: | | | |
| Address |  | | | | | | | | | Position: | | | |
| Telephone |  | | | | | | | | | Signature: | | | |
| Any limitations on sponsorship | | | | | | | | | | | | | |
| **Terms and conditions in respect of finances** | | | | | | | | | | | | | |
| 1. A deposit is payable to secure admission, and if the place is not taken up, upto 10% of the annual fees will be forfeited. 2. Fees shall be paid in full, and in advance of each term, to cover specific costs. 3. Once due and/or paid, fees will not be refunded due to absence of the student from school for whatever reason 4. The school will not be responsible for the safety of personal finances in the person of the student. Such cash, and any items of value, should be deposited with the office for safe custody. | | | | | | | | | | | | | |
| **I/We confirm that I/we have read and understood, and fully agree to be bound by these terms and conditions.** | | | | | | | | | | | | | |
| **Name:** | | | | | **Signed** | | | | | | | | **Date** |
| **Witness:** | | | | | **Signed** | | | | | | | | **Date** |
| **Attachments Checklist** *Please ensure you have attached copies of the following:* | | | | | | | | | | | | | |
| Document to be attached: | | | | | | **Confirmed** | | | | | **Reviewed by School** | | |
| Birth certificate | | | | | |  | | | | |  | | |
| School leaving certificate | | | | | |  | | | | |  | | |
| Results certificate (Exam or previous school) | | | | | |  | | | | |  | | |
| Medical Examination Certificate (and additional information if applicable) | | | | | |  | | | | |  | | |
| Copy of Parent’s/Guardian’s/Sponsor’s ID card | | | | | |  | | | | |  | | |