



APPLICATION FOR ADMISSION

Please complete all sections of this form IN FULL BLOCK CAPITALS and submit together with:

- a. Copy of Birth Certificate.
- b. Recommendation Letter from current school.
- c. Applicants for the IGCSE curriculum must provide recent academic reports for the last three school terms in addition to (a) to (b) above.
- d. Applicants for A Level must provide IGCSE Certification for O Levels
- e. A non-refundable Application Fee of Kshs.5,000

If the application is successful, a letter of admission will be issued.

A. Student Information

FIRST/MIDDLE NAME (S):	SURNAME:	PLEASE ATTACH COLOUR PASSPORT SIZE PHOTOGRAPH
NAME BY WHICH STUDENT WISHES TO BE CALLED:		
SEX (TICK) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
DATE OF BIRTH: DAY ___ MONTH _____ YEAR _____		
NATIONALITY:		
FIRST LANGUAGE:		
RESIDENTIAL ADDRESS:		

B. Parent/Guardian/ Family information

FATHER (OR IF GUARDIAN STATE RELATIONSHIP):	
SURNAME/FAMILY NAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS:	
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):	
HOME TELEPHONE:	WORK TELEPHONE:
MOBILE TELEPHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	

Parent/ Guardian/ Family Information continued

MOTHER (OR IF GUARDIAN STATE RELATIONSHIP TO CHILD):	
SURNAME/FAMILY NAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):	
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):	
HOME TELEPHONE:	WORK TELEPHONE:
MOBILE TELEPHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	

C. Additional Adult Contact in the Event of an Emergency

FULL NAME:	EMAIL ADDRESS:
RELATIONSHIP TO STUDENT:	HOME TELEPHONE:
MOBILE TELEPHONE:	WORK TELEPHONE:

D. Educational Information

CLASS TO WHICH ENTRY IS REQUESTED:	PROPOSED DATE OF ENTRY: MONTH ____ YEAR ____
NAME AND ADDRESS OF PREVIOUS SCHOOL:	
NAME OF THE HEADTEACHER OF THE PREVIOUS SCHOOL:	
DOES THE STUDENT HAVE ANY KNOWN LEARNING DIFFICULTIES? IF SO, PLEASE STATE NATURE OF DIFFICULTY AND ATTACH ANY RELEVANT REPORTS (CONTINUE ON SEPARATE SHEET IF NECESSARY)	

E. Medical Information

Does the student suffer from any existing medical condition? If yes, please provide details and attach any relevant medical reports.	
Are there any medical restrictions imposed upon the student's ability to participate fully in physical activities? If yes, please provide details and attach any relevant medical reports.	
Does the student suffer from any allergies, either general or specific (food, medicine, etc)? If yes, please state clearly.	
Does the student take any medication on a regular basis? If yes, please state clearly.	
Is there anything in the student's medical history that the school should be aware of? If yes, please state clearly.	
NAME OF FAMILY DOCTOR:	
CONTACT DETAILS:	
Details of any existing medical cover (if relevant, please include service provider and membership number):	

F. Payment Information

IF PAYMENT IS TO BE MADE BY THE PARENT (S) OR GUARDIAN (S), PLEASE SIGN BELOW:

NAME IN BLOCK CAPITALS: _____ SIGNATURE: _____

NAME IN BLOCK CAPITALS: _____ SIGNATURE: _____

IF PAYMENT IS TO BE MADE BY AN EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY, PLEASE ENSURE THE UNDERTAKING IS COMPLETED BELOW:

WE, (NAME OF EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY) _____

UNDERTAKE TO SPONSOR AND PAY SCHOOL FEES, PENALTIES AND MISCELLANEOUS EXPENSES FOR (NAME OF STUDENT) _____ AT (NAME OF SCHOOL) _____ OUR UNDERTAKING IS LIMITED TO _____ % (PER CENT).

WE CONFIRM THAT WE HAVE READ AND UNDERSTOOD THE TERMS OF PAYMENT ON THE APPLICATION FORM AND SHALL COMPLY WITH THE SAID TERMS THE SCHOOL IS AT LIBERTY TO PURSUE AND CONTACT US OVER PAYMENT OF THE UNDERTAKEN SCHOOL FEES.

NAME AND DESIGNATION (IN BLOCK CAPITALS) _____

SIGNATURE: _____ DATE: _____

G. Terms and Conditions

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY, THE APPLICANT IS REFERRED TO AS "THE STUDENT" THROUGH OUT.

1. **Enrolment:**
A parent/guardian must notify the Principal in writing of any delay in reporting to school or non-enrolment plans arising, otherwise the 30% fees paid to secure admission will be forfeited if the place offered is not taken up by the specified date
2. **Attendance**
 - 2.1 A letter from the parent/ guardian explaining absence from school will be required any time a student fails to report on opening day or after midterm as per schedule.
 - 2.2 All students are to abide by the code of conduct, which is subject to revision from time to time at the discretion of the School Management
 - 2.3 All students are required to attend swimming, games and other co-curricular activities unless at the particular time of such a lesson, he/she is ill or any other cause of non-participation has been declared by the parent/guardian in writing
 - 2.4 Learning or co-curricular activities may be arranged by the school to take place outside the school premises
3. **School fees:**
 - 3.1 The responsibility for fee payment rests solely on the parent/guardian. Where such fee is paid to the school by a third party, it is the responsibility of the parent to ensure that this party obliges with the stipulated terms on school fees.
 - 3.2 Fees cover tuition, text and exercise books, boarding and co-curricular activities unless otherwise stated in writing.
 - 3.3 Fees do not cover external examination fees, medical expenses or specified activities cost.
 - 3.4 Fees are payable termly in advance and must be paid in full on the first day of term
 - 3.5 Fees paid is non-refundable where a student is absent from school due to illness, leave, suspension, expulsion or any calamity.
4. **Withdrawal**
If a student is to be withdrawn from the school, ONE TERM'S WRITTEN NOTICE shall be required. If this notice is not given, a parent/guardian shall be liable to pay ONE TERM/S FEES at the prevailing rate for the class in which the student is enrolled.
5. **Photography**
The school may take still or moving pictures to cover school activities or school events in which students participate and will exercise due diligence in using these images where appropriate.
6. **Medical care**
 - 6.1 The School may administer first aid and non-prescriptive medication for minor medical situations.
 - 6.2 In major medical situations, the school may take students to the nearest hospital or seek appropriate medical intervention. The parent will be notified as soon as possible
7. **Care of personal items:**
Every student is responsible for his/her personal items. All items, including bags, eye glasses, watches, clothing and footwear, should be permanently labeled for easy identification. As such, the School is not liable for any lost property.
8. **In loco parentis:**
Where in case of emergency the school is unable to reach a parent/guardian or other provided emergency contact by telephone after a minimum of three attempts, the parent hereby authorizes the Principal to take or authorize any action that he/she considers to be in the best interests of the student as he/she sees fit at that particular time.

H. Declaration

I/WE FURTHER DECLARE THAT WE HAVE READ, CLEARLY UNDERSTOOD AND FULLY AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS PROVIDED

FATHER/GUARDIAN: _____ SIGNED: _____ DATE: _____

MOTHER/GUARDIAN: _____ SIGNED: _____ DATE: _____