

## **ADMISSION FORM**

Name of Pupil in full		Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Day, Month and Year of Birth	Nationality	Term & Year of Entry
	Religion	

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

House Tel No: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

1. In case of emergency, contact the following individual(s), if the parent(s) or guardian cannot be reached.
2. Can emergency contact pick up student? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name: \_\_\_\_\_ Relationship to Pupil: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **PARENTS/GUARDIANS ADDRESS**

Postal Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Occupation: Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Names of siblings who attended, are currently attending or plan to attend Abacus School:

\_\_\_\_\_

### **ADMISSION TERMS**

1. The Application Form should be completed and sent to the Principal with a non-refundable Admission Fee of Kshs. 5,000.
2. A Booking fee of Kshs 5,000/- is required for parents wishing to secure placement for their child for a future term. The Booking fee is reimbursed by deduction of school fees due after the child joins the school.
3. The School fees must be paid on or before the first week of each term.
4. The Principal reserves the right to send home a pupil if their fees have not been paid by the third week of each term.
5. Remission of School fees is not made in cases of illness or absence through infection, leave or any other cause whatsoever.
6. Any notice of intention to remove a child from the school by a parent or guardian must be in writing to the Principal and be personally delivered so as to reach her at the latest before the first day of term.
7. While every care and precaution is taken to look after your child during school hours, the School shall not be held liable in the event of any unforeseen misfortune.

#### **I agree to the above terms**

Signature of Parent 1: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent 2: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

### **Admission Checklist**

- Admission fee
- Copy of birth certificate
- Copy of immunization card
- Copy of parents ID
- Completed Medical Form
- Indoor Shoes (crocs)
- 2 Passport size photos (child)

## **MEDICAL FORM**

**NAME OF CHILD:** \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

### **DOES YOUR CHILD HAVE?**

Any allergies (food, medicine, sting etc.) \_\_\_\_\_

Does your child have any prescribed medical condition? \_\_\_\_\_

Are there any physical Education restrictions for your child? \_\_\_\_\_

Any other information related to health issues of your child the school should be aware of?

### **APPLICANTS DISCIPLINARY, SOCIAL PHYSICAL OR PSYCHOLOGICAL DETAILS**

Has the child received any form of learning support or therapy? \_\_\_\_\_

Does your child require any Special Education Needs? \_\_\_\_\_

Any sight or hearing problems? \_\_\_\_\_

Any regular medication (e.g. ventolin)? \_\_\_\_\_

Asthma \_\_\_\_\_ Eczema \_\_\_\_\_ Headaches \_\_\_\_\_

Convulsions \_\_\_\_\_ Nosebleeds \_\_\_\_\_

### **HAS YOUR CHILD EVER HAD...?**

Covid-19 \_\_\_\_\_

Malaria \_\_\_\_\_

Chicken pox \_\_\_\_\_

Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Hepatitis \_\_\_\_\_

Measles \_\_\_\_\_