



RUSINGA SCHOOLS NAIROBI

Gitanga Road, Lavington, P.O. Box 25088, 00603 Lavington, Nairobi, Kenya

Tel: 3872290, 3872296, 3876068. Fax: 3862358

Mobile: 0722 205341, 0733 633723

Email: info@rusinga.ac.ke website: www.rusinga.ac.ke

Head Teacher: Mrs. Echessa-Kariuki

Affix a
passport size
photograph
here

APPLICATION FOR ADMISSION

PREP SCHOOL - KEY STAGE 1

1. PUPIL 'S DETAILS

NAME OF PUPIL:
(First Name) (Middle Name) (Family Name)

PHYSICAL ADDRESS:

NATIONALITY: PASSPORT NUMBER:

RELIGION: SEX: DATE OF BIRTH:
(Day/Month/Year)

ADMISSION REQUIRED FOR YEAR GROUP: STARTING:
(Month/Year)

LAST SCHOOL ATTENDED:

DATE: From to CURRICULUM: Local / BNC/ Others (Specify).....
(Month/Year) (Month/Year)

DESCRIPTION OF ANY LEARNING DIFFICULTY:

DETAILS OF ANY SPECIAL TALENTS:.....

DOES THE APPLICANT HAVE ANY CLOSE RELATIVES AT RUSINGA? YES / NO

IF YES, NAME: YEAR GROUP:

NAME: YEAR GROUP:

NAME: YEAR GROUP:

2. PARENTS'/LEGAL GUARDIANS' DETAILS

FATHER'S NAME:
(First Name) (Middle Name) (Family Name) (Title)

MAILING ADDRESS:

HOME TELEPHONE NUMBERS:

OFFICE TELEPHONE NUMBERS:

MOBILE TELEPHONE NUMBERS:

E-MAIL ADDRESS:

OCCUPATION: DESIGNATION:

ORGANISATION:

MARITAL STATUS:

MOTHER'S NAME:
(First Name) (Middle Name) (Family Name) (Title)

MAILING ADDRESS:

HOME TELEPHONE NUMBERS:

OFFICE TELEPHONE NUMBERS:

MOBILE TELEPHONE NUMBERS:

E-MAIL ADDRESS:

OCCUPATION: DESIGNATION:

ORGANISATION:

MARITAL STATUS:

IF PARENTS LIVE APART, WHO IS RESPONSIBLE FOR PAYMENT OF SCHOOL FEES?

GUARDIAN'S/EMERGENCY CONTACT (OTHER THAN PARENT)

NAME:
(First Name) (Middle Name) (Family Name) (Title)

MAILING ADDRESS:

HOME TELEPHONE NUMBERS: OFFICE TELEPHONE NUMBERS:

MOBILE TELEPHONE NUMBERS: E-MAIL ADDRESS:

OCCUPATION: DESIGNATION:

ORGANISATION:

3. TRANSPORT

WILL THE APPLICANT REQUIRE USING THE SCHOOL BUS? YES / NO

IF YES, WHICH TRANSPORT ZONE?

WHEN WILL THE BUS BE USED?

(Check one) MORNING ONLY..... / AFTERNOON ONLY..... / MORNING & AFTERNOON.....

4. SCHOOL LUNCH

DOES THE APPLICANT INTEND TO TAKE SCHOOL LUNCH? YES / NO

IF YES, IS THE APPLICANT VEGETARIAN? YES / NO

LIST ANY FOODS NOT TAKEN

5.SURVEY

HOW DID YOU FIRST FIND OUT ABOUT RUSINGA SCHOOLS?

(Check one) Existing Parent..... / Members of Staff..... / Students..... / School Sign Board.... / Media.....

WHAT ARE YOUR REASONS FOR WANTING YOUR CHILD TO JOIN RUSINGA SCHOOLS?

.....

6. DECLARATION BY THE PARENTS OR LEGAL GUARDIAN

I,.....Parent/Guardian of

hereby declare that should admission be granted,

1. I will attend parents meetings, school events or functions arranged by the School, and undertake to co-operate with the school in its programmes and requirements.
2. I will pay full Fees upon admission and thereafter within the first week of every subsequent term failure to which I understand my child will be excluded from class.
3. I will give the Head Teacher at least one term's notice, in writing, of my intention to remove my child. In the event that I do not give this notice, I will pay one term's School Fees in lieu.
4. I will support the Head Teacher's decision to remove my child from the school if, upon enquiry, he/she is satisfied that my child has committed a grave offence **or** has been wilfully **or** persistently disobedient or lazy, **or** if he/she is found to be academically unsuitable for the course he/she is following.
5. I will ensure that my child wears the school uniform appropriately including Games and Swimming kits as per the Safety Regulations prescribed for each sport.
6. I will allow my child to participate in all school organised Church and Community Service activities.
7. I will ensure that my child has read the School Rules and abides by them. I will also accept any other rules or regulations as may be introduced from time to time by the school.
8. I understand that the school does not accept responsibility for damaged/lost property.
9. I understand that absence from school by my child will require a letter of explanation from me or guardian to be submitted to my child's class teacher / form tutor on his or her return to school.
10. I understand that non-participation in Sports by my child for a medical reason will require a Medical Doctor's note to be submitted to the Games Teacher through the Head of Prep School.
11. I understand that discovery of false certificates, reports etc. presented for admission may lead to the subsequent removal of my child from the School.
12. I accept responsibility for the choice of course undertaken by my child and understand that all courses are subject to approval by the Government.

I also declare that the details given on this form are true and correct. I further declare that the documents attached are true copies of the originals.

SIGNATURE: **DATE:**

Admission is considered incomplete without the following compulsory documents:

- Birth Certificate or Passport
- Last two Progress reports from previous school
- One passport-size colour photograph

FOR OFFICIAL USE ONLY

ENTRANCE TEST RESULTS

| SUBJECT | % MARKS | LEVEL | HEAD OF DEPARTMENT'S COMMENTS |
|-----------------|---------|-------|-------------------------------|
| Literacy | | | |
| Numeracy | | | |
| Other (Specify) | | | |

HEAD OF PREP SCHOOL'S COMMENTS:

.....

SIGNATURE: FULL NAME: DATE.....

HEADTEACHER'S COMMENTS:

.....

SIGNATURE: FULL NAME: DATE.....

1. ADMISSIONS OFFICE

I have interviewed the pupil and found him/her suitable for a place in YEAR GROUP

DATE TO BEGIN:

(Day/Month/Year)

SIGNATURE: FULL NAME: DATE.....

2. ACCOUNTS OFFICE

PARENT NUMBER: STUDENT NUMBER:

DISCOUNT: REASONS FOR DISCOUNT:

REGISTRATION FEE: TERMFEES:

SIGNATURE: FULL NAME: DATE.....