

Application for Admissions

Please submit the completed form to the school administrator, along with the application fee of Kshs. 5000/-

About the Student

Student's Full Name: _____
Surname First name Middle Name

Applying to Year: _____ Age: _____ Birth date: _____

Male Female Nationality: _____ First language: _____

Siblings who have been/are/will be students at School of the Nations: _____

Parent Information

Father's Name: _____ Mother's Name: _____

Nationality: _____ Nationality: _____

P.O. Box _____ P.O. Box _____

Phone: _____ Phone: _____

Mobile No.: _____ Mobile No.: _____

Email Address: _____ Email Address: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Office Phone: _____ Office Phone: _____

With whom does the student live in Kenya? _____

Emergency Contact

Please provide a secondary contact **other than the parents**, in case of emergency.

Name: _____ Relationship: _____

Physical Address: _____

Home Phone: _____ Office Phone: _____

Mobile: _____ Email Address: _____

Information about your child

What are your child's strongest subjects? _____

What are your child's most challenging subjects? _____

Please provide details on the previous two years of schooling.

- | | |
|---------------------------------|----------------|
| 1. Name of school: _____ | Address: _____ |
| Grade(s)/Schooling level: _____ | Dates: _____ |
| 2. Name of school: _____ | Address: _____ |
| Grade(s)/Schooling level: _____ | Dates: _____ |

Have teachers expressed concerns about your child's academic skills, emotional or behavioural needs? Yes No If yes, please explain _____

Has your child had testing or special classes for the following?
If yes to any of the below, please attach all reports and copies of test results.

General Learning Difficulties: _____

Identified Learning Disabilities: _____

Special Education Classes: _____

Has your child ever been suspended, expelled or otherwise removed from school due to behavioral issues? Yes No If yes, please explain: _____

Non disclosure: Non disclosure of the child's learning and developmental needs will lead to withdrawal of the child's vacancy in the school. Parents are therefore advised to disclose medical, educational and developmental history.

School Fee Payment Guidelines

- The school fee is to be paid on or before the second Friday of each term. Failure to which students will be prohibited from attending school.
- Remission of school fees is not made in cases of absence due to illness or any other cause.
- Every notice of intention to remove a child from the school must be made in writing and submitted to the school, in order to provide notification before the beginning of the student's intended last term; otherwise payment of the next term's fees will be required.
- Parents who withdraw their children at any time for leave or any other reason during the term are liable for the full term's fees.
- An advance payment of Kshs. 80,000.00 is required to secure a place for new students. This payment is non refundable if you do not take up the place.

I have read and agree to abide by the school fee payment guidelines outlined above.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Application Statement

I hereby apply for admission to School of the Nations in accordance with the terms, rules, and regulations outlined below, as well as the attached student conduct guidelines. I declare that all the information provided in this form is correct, and I understand and agree that:

- School of the Nations reserves the right to refuse admission to any student who has been dismissed from another school for academic, disciplinary, or other reasons.
- Any student/parents failing to disclose such a record at the time of enrollment may be subject to expulsion.
- Students expelled from School of the Nations are not entitled to a refund of tuition fees.
- I will be responsible for all charges including incidental expenses.
- No exemption, deduction, or rebate from tuition charges will be made in case of temporary absence, dismissal, or withdrawal from school.
- School privileges may be denied for any reason deemed sufficient by the authorities of the school.
- Should the school find it necessary to close at any time during the school year due to reasons beyond its control, the fees paid to the school is not eligible for refund.
- School of the Nations believes in partnering with the parents for the holistic growth of the student. Therefore it is **mandatory** for the parents to attend family-building forums such as workshops, seminars etc
- I understand that School of the Nations is a Christian school whose foundation of instruction is based on Biblical principles made practical to everyday learning. I have no objection to my child receiving Christian instruction.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Thank you for applying to School of the Nations! An appointment date for the entrance interview and assessment will be communicated to you within two weeks of your application submission.

For Office Use Only

	Application Received	Admission test marks	Records reviewed	Acceptance date	Date deposit paid
Date					
Initials					

School start date: _____ Year: _____ Support Needed: _____

Student Medical Information Form

The school provides First Aid treatment during school hours and at the school functions. It is vital, therefore, that the school has up-to-date information about your child's health and medical requirements. Please complete and return this form as soon as possible and inform the school in writing of any changes in circumstances.

Name of the student: _____

Year: _____

Date of Birth: _____

Blood group (if known): _____

Medical card (type and number): _____

Student's Doctor: _____

Hospital: _____

Phone: _____

Mobile: _____

1. Please attach proof of vaccination for polio, measles and diphtheria - tetanus
2. Allergies: Give details of all allergies (e.g. to foods, medicines, antibiotics, nut allergy, bee stings, etc)

3. Medicines administered at School of the Nations: Please tick to indicate that you give permission for any of the following to be used or given to your child at school.
 - Calpol Syrup
 - Panadol Syrup
 - Brufen Syrup
 - Panadol tablets

In extreme cases and emergencies (e.g. fractures and severe sprains), do you give permission for Rescue Remedy to be given to your child? YES NO

4. Specify any physical limitations or chronic health problems and/or medications.

5. Give details of any routine medications prescribed to your child (medicine and the condition for which it is prescribed).

SPECIAL NOTE

Utmost care is taken to ensure that all children are safe and sound, however in case of injuries to the children the school will immediately call the Red Cross Ambulance to give first aid then take the child to a hospital of your choice. The school is not liable for any children's injuries. Please sign below to indicate that you have understood and agree to this.

Signature of Parent or Guardian: _____ Date: _____