

---

## **STUDENTS ADMISSION FORM**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

**At visionary we take a hand, open a mind, touch a heart and  
shape the future**

### **OUR VISION**

To transform our students, one learner at a time so that their dreams can be realized.

### **OUR MISSION**

We believe that education is fundamental to all forms of social progress and reforms.

We are committed to enlightening and empowering the society. We strive to give quality, practical and affordable training to our students in a dynamic environment thus giving them a future and a place in the society.

**PARTICULARS OF THE PROSPECTIVE STUDENT**

FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
PLACE AND DATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_  
ADMISSION REQUIRED IN FORM/YEAR: \_\_\_\_\_

**PARTICULARS OF PARENTS**

NAME OF FATHER: \_\_\_\_\_ ID NO. /PASSPORT: \_\_\_\_\_  
TEL: \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ ID NO. /PASSPORT: \_\_\_\_\_  
TEL: \_\_\_\_\_

RESIDENTIAL AREA \_\_\_\_\_ HOUSE TEL NO: \_\_\_\_\_  
ESTATE \_\_\_\_\_ ROAD \_\_\_\_\_

OCCUPATION: FATHER \_\_\_\_\_ MOTHER: \_\_\_\_\_

CITIZENSHIP: FATHER \_\_\_\_\_ MOTHER: \_\_\_\_\_

**NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
TEL NO.: \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

**NAME OF THE LAST SCHOOLS ATTENDED WITH ADDRESSES, TEL NO. AND CLASSES**

(Please attach last report from the present school and school leaving certificate)

Name of school	Address	Tel No.	Date	Class/Form/ Year

## 1. SUBJECTS

Give the following Details:- (Documentary Proof required)

No.	Subjects
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

### **Please attach photocopies of the following:**

- Birth certificate or passport.
- Report forms for the last one year.
- Medical report if any.
- In the event of birth certificate being produced or processed Kenyan I.D./Passport etc. of one of the parents is also required.
- In case of non-citizen, dependants pass must be produced.

## 2. HEALTH STATUS OF THE CHILD

Does the child suffer from any of the following?

**Physical disability:** Yes  No

**Mental Impairment:** Yes  No

**Eczema:** Yes  No

**Asthma:** Yes  No

Is your child allergic to?

**Sinusitis:** Yes  No

**Antibiotics:** Yes  No

**High Fever:** Yes  No

**Any Foods:** Yes  No

If the answer to any of the above questions is yes, please specify:

---

---

If there is anything in your child's medical history we should know about, please specify:

---

---

**Family Doctor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

I hereby confirm that my above named son/daughter is not suffering from any of the above infections/contagious disease and will participate in all school activities.

**Date:** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date of approval \_\_\_\_\_ Class to which admitted \_\_\_\_\_

Admission No. \_\_\_\_\_ Admission Receipt No. \_\_\_\_\_

Caution Deposit Receipt No. \_\_\_\_\_ Tuition Fee Receipt No. \_\_\_\_\_

Activity fee receipt No. \_\_\_\_\_ Miscellaneous Receipt No. \_\_\_\_\_

**Application Approved**  **Rejected**  **On waiting list**

**Signature.** Principal \_\_\_\_\_

## ADMISSION ACCEPTANCE

.Completion of this application form creates no obligation on the part of visionary school to accept the child in school. Acceptance at visionary school is subject to approval by the admissions panel of the school.

## DECLARATION TO BE MADE BY PARENT/GUARDIAN

1. I declare that all particulars furnished by me on this form are true and correct.
2. In my personal capacity on behalf of the applicant I hereby agree to:
  - i) Accept the code of conduct of the school
  - ii) Acknowledge the authority of the teachers and students leaders
  - iii) Pay the stipulated school fees as agreed by the institution.
  - iv) Notify the school in writing in the event of my child leaving the school at least one month in advance.
  - v) Am fully aware of the admission requirements of Visionary School.
  - vi) Pay all costs for damage or loses caused by my son/ daughter to school property
  - vii) Regular attendance, punctuality, smartness and Tidiness at all times for my child.
  - viii) All payments are not refundable except caution money.
  - ix) Late payments and bouncing cheques have penalty.
  - x) The school does not accept personal cheques.

**Father's Signature:** \_\_\_\_\_

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

**Mother's Signature:** \_\_\_\_\_

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