

STUDENT DATA FORM

(ALL the information required to be filled in capital letters only)

Admission details

Name of student:

First name

Last name

Date of birth (dd/mm/yyyy)

Home address:

(Estate and street name)

Flat/Apartment

Postal code

Religion

Nationality

Student ID No:

Form / Year

Gender

Male.....

☐

Female.....

☐

FAMILY INFORMATION

Mother/Guardian

Name_____

Address_____

Cell phone_____

Email_____

Estate_____

Father/Guardian

Name_____

Address_____

Cell Phone_____

Email_____

Estate_____

(Child lives with :) Both Parents ☐

Mother ☐

Father ☐

Parents ID Number/Passport No_____ (Other please name)_____

My child may be picked by:

I pick up person# 1: Name: _____

Home phone: _____ Cell phone: _____

Relationship to the child _____

I pick up person # 2 : Name : _____

Home phone: _____ Cell phone: _____

Relationship to the child _____

CURRENT MEDICAL INFORMATION

Student Health insurance identification card number _____

Name of student's physician _____ Telephone Number: _____

Physical Address: _____ Postal code: _____

My child has allergies: No ☐ Not Known ☐ Yes: ☐

If Yes, please list allergies _____

Sex: Male ☐

Female ☐

Blood group ☐

Please comment on: Condition(s) that your child has that requires attention such as diabetes ,Epilepsy, Asthma ,etc.

Physical activity restrictions _____

Hearing or vision problems that cannot be corrected _____

Other conditions that may require a teacher to take action for the benefit of your child's health _____

PERMISSION FOR TREATMENT

In the event of an accident or illness involving my child while in the care of visionary school, I hereby authorize the administration to take any medical procedure deemed necessary. In no case will the staff or the school liable for costs incurred as a result of emergency procedures undertaken.

Signature: _____ Cell Phone: _____

EMERGENCY CONSENT

1st Contact Person #1 Name: _____

Address: _____ Cell Phone: _____ Relationship: _____

2nd Contact Person #1 Name: _____

Address: _____ Cell Phone: _____ Relationship: _____

FOREIGN STUDENTS

Address in country of origin _____

Passport No: _____ Issuing Country: _____

Date of expiry: _____ VISA No: _____

Religion: _____

Contact No: In Country of origin + _____ person.

Name of person contacted _____ Relationship _____

Highest qualification obtained _____ year _____

School Name: _____ Language of instruction.

(Attach report forms)

PRIOR SCHOOLING

Previous school(s) attached (most recent R.S)

School Name

Location

From/to

1. _____
2. _____
3. _____
4. _____

KCPE DETAILS / PREVIOUS SCHOOL

Name of school: _____ Year sat for exam _____

Total mark obtained: _____ or (attach photocopies of certificates).

As parent(s)/Guardian(s) We consent as the collection ,use and disclosure of personal instructions in respect of and on behalf of myself/ourselves and my /our child, which may be collected ,used and disclosed as necessary for purposes of providing education and other related services students records and administration and as offering required by the law.

Name of student: _____ Sign: _____

Name of Parent /Guardian: _____ sign: _____

INSTRUCTION

1. Attach :

- (a) Photocopy of persons report forms.
- (b) Photocopy of student ID card.
- (c) Affix passport size colour photograph.
- (d) Photocopy of birth certificate(for local students only)
 - Photocopy of passport /Visa (for foreign students).
 - Photocopy of parent/Guardian's ID/Passport/Visa

2. Complete and submit the form to the office as instructed.

3. Medical check-up report from a recognized Health Centre.

4. For students joining for the first time:

- 1) Provide clearance letter for your previous school.
- 2) Show all your class notes before admission(**MUST**)
- 3) Previous report forms-(**MUST**)

OFFICIAL USE ONLY

Kindly before submitting the form, pay an admission fee of **Ksh. 3000/= for Year 5 and below** and **Kshs. 7,500 for Year 6 – 11** and **Kshs. 12,000/= for A-Levels.**

*Payment details: Paybill No: 721542
A/c No.: Name of Student and Class*

Kindly fill the **MPESA code** herein upon paying:

If you need further information before submitting, call the Director : 0721 573 189