APPLICATION FOR ADMISSION

DATE OF ADMISSION _____ **GRADE OF ADMISSION** _____

STUDENT INFORMATION

FIRST NAME: _____ MIDDLE _____ LAST NAME _____

DATE OF BIRTH: DATE_____ MONTH _____ YEAR: _____

PLACE OF BIRTH: _____ BIRTH CERTIFICATE ENTRY NO: _____

GENDER: _____ NATIONALITY: _____

HOME COUNTY: _____ HOME SUB-COUNTY: _____

PASSPORT NO: _____ RELIGION: _____

ASSESSMENT NO: _____ NEMIS CODE: _____

RESIDENCE: (AREA/ESTATE/ROAD/APARTMENT OR HOUSE NO.) _____

FAMILY IDENTIFICATION DETAILS (FILL AS APPROPRIATE)

FATHER'S NAME: _____ ID/PASSPORT NO.: _____

TEL. NOS: _____ RESIDENCE: _____

OCCUPATION _____ EMPLOYER: _____

PLACE OF WORK: _____ EMAIL ADDRESS: _____

MOTHER'S NAME: _____ ID/PASSPORT NO.: _____

TEL. NOS: _____ RESIDENCE: _____

OCCUPATION _____ EMPLOYER: _____

PLACE OF WORK: _____ EMAIL ADDRESS: _____

TEL: +254-0110-330-033/0777-330-033/0783-330-033 EMAIL: info@acaciaridgeschools.com

APPLICATION FOR ADMISSION

GUARDIAN'S NAME: _____ ID/PASSPORT NO: _____

TEL. NOS: _____ RESIDENCE: _____

OCCUPATION _____ EMPLOYER: _____

PLACE OF WORK: _____ EMAIL ADDRESS: _____

RELATION TO THE CHILD: _____

ASSIGNED PERSON

TO PICK THE CHILD: _____TEL. NO.: _____

EDUCATION HISTORY

SCHOOL NAME: _____ LOCATION: _____

CONTACTS OF PREVIOUS SCHOOL: _____ NEMIS CODE: _____

PUBLIC/PRIVATE: _____ LEVEL ATTENDED FROM: _____ TO: _____

GRADE/CLASS ON EXIT: _____GRADE APPLYING NOW: _____

TERM OF ENTRY TO ACACIA RIDGE SCHOOLS: _____YEAR: _____

OTHER SCHOOLS ATTENDED IN THE PAST 2 YEARS

SCHOOL NAME: _____ LOCATION: _____

DATES: FROM: _____TO: _____ LAST CLASS/LEVEL COMPLETED: _____

SCHOOL NAME: _____ LOCATION: _____

DATES: FROM: _____TO: _____LAST CLASS/LEVEL COMPLETED: _____

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APPLICATION FOR ADMISSION

STUDENTS MEDICAL DETAILS (TO BE COMPLETED BY PARENT/GUARDIAN)

HEALTH STATUS: EXCELLENT ☐ GOOD ☐ AVERAGE ☐ POOR ☐

IF AVERAGE OR POOR SHARE MORE DETAILS

_____

_____

IS YOUR CHILD ON ANY MEDICATION: YES ☐ NO ☐

IF YES INSTRUCT HOW THEY SHOULD BE ADMINISTERED:

_____

_____

INCASE OF EMERGENCY:

a) WHO WOULD YOU LIKE US TO CALL?

NAME :_____ CONTACTS: _____

b) WHICH HOSPITAL IN NAIVASHA WOULD YOU LIKE YOUR CHILD TO BE TAKEN TO:

DOCTOR./HOSPITAL _____ EMERGENCY CONTACT: _____

ADMISSION CHECK LIST (MANDATORY)

- Attach Report cards from previous school(s) / KPSEA RESULT SLIP
- Attach 2 copies of Birth Certificate and also carry the original for authentication
- Attach two (2) recent passport photographs.
- Attach a copy of mother's and father's ID

FOR OFFICIAL USE

HOUSE ALLOCATED: _____

DORMITORY ASSIGNED/ALLOCATED: _____

PATRON/MATRON ASSIGNED: _____

ANY OTHER NECESSARY DETAILS:

_____

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APPLICATION FOR ADMISSION
CHILD PHOTO/VIDEO CONSENT FORM

I, _____, hereby grant permission and give my consent to **Acacia Ridge Schools** (the "Releasee") to use photographs and/or electronic media images of my child for presentation and publication in accordance with legal use.

I understand that these images may be used on platforms managed or owned by Acacia Ridge Schools, including the school website, newsletters, magazines, leaflets, or other official publications.

I acknowledge that:

- The use of these images is limited to the purposes stated above.
- My child's personal details (such as postal address or phone number) will **not** be published in any online or printed materials.
- Copyright of all photographs remains with Acacia Ridge Schools or the photographer as applicable.

Please indicate your choice below:

Consent Granted ☐ **Consent Declined** ☐

Parent/Guardian Name: _____

Child's Name: _____

Date: _____ **Signature:** _____

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