



# HARVEST VIEW ACADEMY

North Airport Rd. Embakasi Village

P. O. Box 2337-00200

Phone: 0727641813/0733538110

Nairobi-Kenya

Our ref: .....

Date.....

Your ref:.....

## APPLICATION / INTERVIEW FORM

1. Full names of Child/ Pupil \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex(female/ male) \_\_\_\_\_
2. Class in which admission is sought \_\_\_\_\_
3. Name of current or last school attended \_\_\_\_\_
4. When do you want your child to join the school? \_\_\_\_\_
5. Father's name \_\_\_\_\_  
Contact \_\_\_\_\_
6. Mother's name \_\_\_\_\_  
Contact: \_\_\_\_\_
7. If you are seeking admission in Pre- unit or class 1-8, you will be required to book an interview at least 2 days in advance

**You will produce a copy of the term's / years report card.**

## ON ADMISSION

- Admission fee will be paid at the bank together with full fees before a child is admitted.
- The following must be returned before admission: a complete admission form, copy of school leaving certificate, a copy of birth certificates(compulsory)
- Your child must have full school uniform, all required text books, exercise books and stationery for admission
- All books must be covered with brown covers.
- 

## FOR OFFICIAL USE ONLY:

A written interview will be done on: Date \_\_\_\_\_

### Primary Results:

Mathematics \_\_\_\_\_ English \_\_\_\_\_ Kiswahili \_\_\_\_\_

Science \_\_\_\_\_ S/ Studies/ C.R.E. \_\_\_\_\_ Others \_\_\_\_\_

Total: \_\_\_\_\_

Teacher's Remarks \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

### Pre- Unit Results:

**Number work** \_\_\_\_\_ **language** \_\_\_\_\_ **others** \_\_\_\_\_

Teacher's Remarks \_\_\_\_\_

Head Teacher's Comments: \_\_\_\_\_



# HARVEST VIEW ACADEMY

North Airport Rd. Embakasi Village

P. O. Box 2337-00200

Phone: 0727641818 /0733538110

Nairobi-Kenya

1. Child's Name in Full \_\_\_\_\_

2. Date Of Birth(Dd/ Mm/ Yy)\_\_\_\_\_

### 3. PARENTS / GUARDIANS DETAILS

a) Father's Name \_\_\_\_\_

Place of Work: \_\_\_\_\_

Occupation \_\_\_\_\_

Office Telephone Number/ Extension Line \_\_\_\_\_

Cell Phone Number(S) \_\_\_\_\_

b) Mother's Name \_\_\_\_\_

Place of Work: \_\_\_\_\_

Occupation \_\_\_\_\_

Office Telephone Number/ Extension Line \_\_\_\_\_

Cell Phone Number(S) \_\_\_\_\_

c) Guardian's Name \_\_\_\_\_

Place of Work \_\_\_\_\_

Occupation \_\_\_\_\_

Office Telephone Number Extension Line \_\_\_\_\_

Cell Phone Number(S) \_\_\_\_\_

### 4) RESIDENCE

Residential Place \_\_\_\_\_

House No. \_\_\_\_\_ Block No. \_\_\_\_\_

Plot/ Flat Name \_\_\_\_\_ Others \_\_\_\_\_

### 5) WHO WILL BE RESPONSIBLE FOR PAYING THE SCHOOL FEES

Name: \_\_\_\_\_

Postal Address \_\_\_\_\_

Email address \_\_\_\_\_

### 6) MEDICAL DETAILS

Please indicate any medical problems your child may be suffering from. \_\_\_\_\_

Does your child suffer from any allergies or adverse reactions to medication of which the school should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes give details)

### 7) EMERGENCY

Persons to be notified in case of emergency other than the parents

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contacts \_\_\_\_\_

In cases of emergency medical treatment, do you authorize the school to seek immediate treatment in any nearest hospital or clinic at your own cost? Yes \_\_\_ No. \_\_\_ (tick one)

In case of emergency I authorize the school to take whatever steps be deemed in respect of medical treatment for my child which I will pay the bills

Parents name: \_\_\_\_\_ ID No. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

8) List name(s) and class(es) of other children in your family in our school

**Name**

**class**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Finally are there any additional details regarding your child or family structure that you feel the school should be aware of No. ( ) yes ( ) please Tick one.

If yes please explain \_\_\_\_\_

Acknowledge all the information above is accurate record of your child's family details.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

#### **DECLARATION BY PARENT**

I agree to all conditions of entry and other conditions stated or implied with this form or in fees structure or school rules and regulations.

I also agree that I will be paying school fees and all other debts that I will owe the school in time, failure to which I will have a financial obligation in respect of any loss suffered.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

#### **PARENTAL NOTE:**

All information supplied on these forms will be treated in confidence for the use of Harvest View Academy only.

***Attach a copy of Birth certificate***

#### **FOR OFFICIAL USE ONLY**

Admission Form approved( ) disapproved( )

Admission Date \_\_\_\_\_

Class of Admission \_\_\_\_\_ Admission No. \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_

Head teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_