



THE NZAMBANI ROCK ACADEMY

Nurturing Minds, Shaping Futures

Located along Kitui – Nzangathi – Mbitini Road, P.O. Box 1036, 90200 KITUI, Kenya

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fix STUDENT'S passport

size photograph here

APPLICATION FOR ADMISSION

1. CHILD'S DETAILS

NAME OF CHILD:
(First Name) (Middle Name) (Family Name)

PHYSICAL ADDRESS:

NATIONALITY: LOCATION:

RELIGION: SEX: DATE OF BIRTH:
(Day/Month/Year)

ADMISSION (PLAYGROUP, PP1, PP2 OR GRADE 1/2/3/4): STARTING:
(Month/Year)

LAST SCHOOL ATTENDED(NAME OF SCHOOL):

..... DATE: From to

(PLAYGROUP, PP1, PP2 OR GRADE 1/2/3/4): Others Specify)..... (Month/Year)

DESCRIPTION OF ANY LEARNING DIFFICULTY:

DETAILS OF ANY ALLERGIES:

AGE:

2. PARENTS'/LEGAL GUARDIANS' DETAILS

FATHER'S NAME:
(First Name) (Middle Name) (Family Name) (Title)

MAILING ADDRESS (PO. BOX.):

.....

ID/PASSPORT NUMBER (attach a copy)

MOBILE TELEPHONE NUMBERS:

ALTERNATE TELEPHONE NUMBERS:

E-MAIL ADDRESS:

OCCUPATION: RESIDENCE:

LOCATION/COUNTY:

MARITAL STATUS:

MOTHER'S NAME:
(First Name) (Middle Name) (Family Name) (Title)

MAILING ADDRESS (PO. BOX.):

.....

ID/PASSPORT NUMBER (attach a copy)

MOBILE TELEPHONE NUMBERS:

ALTERNATE TELEPHONE NUMBERS:

E-MAIL ADDRESS:

OCCUPATION: RESIDENCE:

LOCATION/COUNTY:

MARITAL STATUS:

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GUARDIAN'S/EMERGENCY CONTACT (OTHER THAN PARENT)

NAME:
(First Name) (Middle Name) (Family Name) (Title)

MAILING ADDRESS:

MOBILE TELEPHONE NUMBERS:

E-MAIL ADDRESS:

OCCUPATION: DESIGNATION:

ORGANISATION:

3. SCHOOL LUNCH

IS THE APPLICANT VEGETARIAN? YES / NO

LIST ANY FOODS **ALLERGIES**

4. TRANSPORT

WILL THE APPLICANT REQUIRE USING THE SCHOOL BUS? YES / NO

WHEN WILL THE BUS BE USED? / MORNING & AFTERNOON.....

IF YES, WHICH TRANSPORT ZONE?

5. SURVEY

HOW DID YOU FIRST FIND OUT ABOUT THE SCHOOLS?

(Check one) Existing Parent..... / Members of Staff..... / Students..... / School Sign Board.... / Media.....

IF IST A REFERAL PLEASE STATE THE FULL NAME AND PHONE NUMBER OF THE REFEREE.

NAME:

PHONE

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6. ADMISSION IS CONSIDERED INCOMPLETE WITHOUT THE FOLLOWING COMPULSORY DOCUMENTS:

- **ID/Passport copy of parents**
- Birth Certificate or Passport of Child
- Last two Progress reports from previous school Where applicable)
- One passport-size color photograph of Child

7. DECLARATION BY THE PARENTS OR LEGAL GUARDIAN

I,.....Parent/Guardian of

hereby declare that should admission be granted,

- I. I will attend parents meetings, school events or functions arranged by the School, and undertake to co-operate with the school in its programs and requirements.**
- 2. I will pay full Fees upon admission and thereafter within the first week of every subsequent term failure to which I understand my child will be excluded from class.**
- 3. I will give the Head Teacher at least one term's notice, in writing, of my intention to remove my child. In the event that I do not give this notice, I will pay one term's School Fees in lieu.**
- 4. I will support the Head Teacher's decision to remove my child from the school if, upon enquiry, he/she is satisfied that my child has committed a grave offence or has been willfully or persistently disobedient or lazy, or if he/she is found to be academically unsuitable for the course he/she is following.**
- 5. I will ensure that my child wears the school uniform appropriately including Games and Swimming kits as per the Safety Regulations prescribed for each sport.**
- 6. I will allow my child to participate in all school organized Community Service activities.**
- 7. I will ensure that my child has read the School Rules and abides by them. I will also accept any other rules or regulations as may be reasonably introduced from time to time by the school.**
- 8. I understand that the school does not accept responsibility for damaged/lost property.**
- 9. I understand that absence from school by my child will require a letter of explanation from me or guardian to be submitted to my child's class teacher / form tutor on his or her return to school.**
- 10. I understand that non-participation in Sports by my child for a medical reason will require a Medical Doctor's note to be submitted to the Games Teacher.**
- 11. I understand that discovery of false certificates, reports etc. presented for admission may lead to the subsequent removal of my child from the School.**
- 12. I accept responsibility for the choice of course undertaken by my child and understand that all courses are subject to approval by the Government.**

I also declare that the details given on this form are true and correct. I further declare that the documents attached are true copies of the originals.

SIGNATURE:

DATE:

FOR OFFICIAL USE ONLY

ASSESSMENT:

.....
.....

HEADTEACHER'S COMMENTS:

.....

SIGNATURE: FULL NAME: DATE:

8. ADMISSIONS OFFICE

I have interviewed the child and found him/her suitable for a place in YEAR GROUP

DATE TO BEGIN: (Day/Month/Year)

SIGNATURE: FULL NAME: DATE:

9. ACCOUNTS OFFICE

PARENT NUMBER: STUDENT NUMBER:

REGISTRATION FEE: TERM FEES:

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SIGNATURE: FULL NAME: DATE:

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