

**STUDENT'S
PHOTO**



PA/CORE/7/FORM/1

Receipt No: _____

Serial No: _____

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APPLICATION FOR ADMISSION INTO CLASS _____ ACADEMIC YEAR _____

DETAILS OF BROTHERS / SISTERS PRESENTLY AT THIS SCHOOL

1] NAME: _____ CLASS: _____

2] NAME: _____ CLASS: _____

STUDENT'S INFORMATION

SURNAME: _____ FIRST NAMES _____
DATE OF BIRTH _____ PLACE OF BIRTH _____ GENDER _____
NATIONALITY _____ RELIGION _____ BLOOD GROUP _____
NAME OF SCHOOL ATTENDING _____ CLASS _____
REASON FOR LEAVING _____
INTEREST IN SPORTS, ETC. _____
EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
TEL NO[S]. _____

PARENTS' / GUARDIANS INFORMATION

FATHER'S FULLNAME _____ MOTHER'S NAME _____
NATIONALITY _____ NATIONALITY _____
PROFESSION _____ PROFESSION _____
EMPLOYER / BUSINESS NAME & ADDRESS _____ EMPLOYER/BUSINESS NAME & ADDRESS _____

BUSINESS TELEPHONE NO. _____ BUSINESS TELEPHONE NO: _____
FATHER'S MOBILE NO: _____ MOTHER'S MOBILE NO: _____
FATHER'S E-MAIL: _____
MOTHER'S E-MAIL: _____
FULL RESIDENTIAL ADDRESS _____

RESIDENCE TELEPHONE/MOBILE NO. _____
POSTAL ADDRESS: _____ CODE _____

HAVE YOU APPLIED FOR ADMISSION IN THIS SCHOOL BEFORE: YES / NO: _____

IF YES, WHICH YEAR GROUP: _____

PLEASE NOTE THAT FEES ARE PAYABLE IN ADVANCE EVERY TERM. A PENALTY OF **10%** WILL BE LEVIED FOR ALL LATE PAYMENTS. TUITION FEE IS NEITHER REFUNDABLE NOR TRANSFERABLE. REFUND OF CAUTION DEPOSIT IS SUBJECT TO THE PUPIL'S RETURNING ALL SCHOOL PROPERTY IN GOOD CONDITION.

IN THE EVENT THAT THE DEADLINE FOR PAYMENT OF FEES IS NOT MET, THE ACADEMY RESERVES THE RIGHT TO OFFER THE PLACE OF YOUR CHILD TO THE NEXT CHILD ON OUR WAITLIST.

ONE FULL TERM'S WRITTEN NOTICE IS REQUIRED WITHIN THE FIRST WEEK OF THE TERM TO WITHDRAW A CHILD, FAILING TO WHICH, CAUTION DEPOSIT WILL NOT BE REFUNDED, SCHOOL LEAVING DOCUMENTS WILL NOT BE PROCESSED AND A TERM'S TUITION FEES IN LIEU OF NOTICE WILL BE LEVIED.

NAME OF PERSON RESPONSIBLE FOR PAYING SCHOOL FEES: _____

I / WE _____ CONFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ THE RULES AND REGULATIONS OF THE ACADEMY AND WILL ENSURE THAT MY CHILD / WARD ARE MADE AWARE OF THEM AND WILL ABIDE BY THEM.

SIGNATURE OF PARENT _____

DATE _____

FOR OFFICIAL USE

DATE OF ENTRANCE TEST: _____

RESULT: PASS / FAIL _____%

DATE OF ADMISSION _____

ADM. NO. _____

CLASS ADMITTED TO _____

HOUSE _____

FIRST FEE RECEIPT NO. _____

AMOUNT _____

DATE _____

CAUTION DEPOSIT R. NO. _____

AMOUNT _____

DATE _____

SIGNATURE _____ [SECTION IN CHARGE]