



HARVEST VIEW ACADEMY
Embakasi Rd. off Airport North Rd.
P. O. Box 2337-00200
Phone: 0727641813 / 0733538110
Nairobi-Kenya

Our ref:
Your ref:

Date.....

APPLICATION / INTERVIEW FORM

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

PP2 Results:

Number work _____ Language _____ Others _____
Teacher's Remarks _____
Head Teacher's Comments: _____



HARVEST VIEW ACADEMY
Embakasi Rd. off Airport North Rd.
P. O. Box 2337-00200
Phone: 0727641813 / 0733538110
Nairobi-Kenya

1. Child's Name in Full _____
2. Date Of Birth (Dd/ Mm/ Yy) _____
3. Home County _____ Sub County _____
4. NEMIS NO. _____

5. PARENTS / GUARDIAN DETAILS

a) Father's Name _____ ID No. _____
Place of Work: _____
Occupation _____
Office Telephone Number/ Extension Line _____
Cell Phone Number(S) _____

b) Mother's Name _____ ID NO. _____
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 _____

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

Name	class
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

8) HOW DID YOU LEARN ABOUT OUR SCHOOL, TICK APPROPRIATELY?

Billboard/posters /Flyers	<input type="checkbox"/>	
Social media	<input type="checkbox"/>	
Parent referral (Name)	<input type="checkbox"/>	_____
Staff referral (Name)	<input type="checkbox"/>	_____

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 _____