

	KANZI SCHOOL P. O. BOX 8284 – 00100, NAIROBI. TEL – 0780 877898/0714608899 EMAIL: info@kanzischool.sc.ke	
---	--	---

APPLICATION FORM

Child's Details Surname: _____ Other Names: _____ Gender: _____ Date of Birth: (dd/mm/yy) _____ Religion: _____ Admission required for class: _____ Proposed date of entry: (dd/mm/yy) _____ <input type="checkbox"/> Ruby class: 2 - 3 years <input type="checkbox"/> Crystal class: 3 - 4 years Preferred Program <input type="checkbox"/> 3 days a week, half day <input type="checkbox"/> 5 days a week, half day <input type="checkbox"/> 5 days a week, full day Languages spoken at home: _____

Details of last school attended: _____

From: (dd/mm/yy) _____ To: (dd/mm/yy) _____

Transport: Does your child require school transport? _____

Does the applicant have any siblings at Kanzi? Yes / No

If Yes, Name: _____ Class: _____

Family Details		
	Father/Legal Guardian	Mother/Legal Guardian
Title:		
Name:		
Nationality:		
ID. No/Passport No:		
Mobile No:		
Alternative No:		
Postal Address:		
Email Address:		
Occupation:		
Company/Organization:		
Designation:		
Full residential Address: (Please include area, estate and house No.)		

Emergency Contact Details

Nominate one other person that can be contacted in the event of an emergency when parents cannot be reached.

Name: _____ Relationship: _____ Tel No: _____

Survey (Optional)

How did you first find out about Kanzi school? (check one)

- ☐ Existing parent
- ☐ Members of staff
- ☐ Students
- ☐ School sign board
- ☐ Media
- ☐ Other _____

What are your reasons for selecting Kanzi School for your child? _____

Declaration by the parents or legal guardian

I /We _____ parents/ guardians of _____ in _____ commit to the following should my child be admitted.

1. I will attend parents' meetings, events and 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 may be excluded from class.
3. I will give the Head Teacher at least one term's notice, in writing, of my intention to transfer my child. In the event that I do not give this notice, I commit pay one term's School Fees in lieu.
4. I will ensure that my child wears the appropriate school uniform including Games and Swimming kits for their comfort and Safety.
5. 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.
6. I understand that the school does not accept responsibility for damaged/lost personal property. I wish ensure that all personal effects are well labelled.
7. 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 on his or her return to school.
8. 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.
9. I understand that discovery of false certificates, reports etc. presented for admission may lead to the subsequent removal of my child from the School.
10. 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: _____

Medical details

1. Does your child have any medical condition that we should be aware of? Yes/No

If yes, please specify and supply full details of medication, treatment and/or emergency procedure _____

2. Does your child take regular medication or any routine medication in use? Yes/No

If Yes, please specify _____

3. Does your child have any allergies to food, pollen, or medication? Yes/No

If yes, please specify _____

Please provide full details of medication, treatment and/or emergency procedure _____

4. Does your child have any special dietary requirements? Yes/No

If yes, please specify: _____

5. Is your child fully immunized? Yes/No

Kindly provide the copy of the immunization card.

6. Does your child have Medical Insurance? Yes No

If yes, with which company? _____ Policy Number: _____

Consent for Administration of First Aid Care at School

In the event that my child has a high temperature, allergies or in pain during school hours, I **Do/Don't give** permission for him/her to be given first aid deemed appropriate by the person in charge. (Kanzi school will seek your input before administering any medications).

Parents name: _____ Signature: _____ Date: _____

Kindly provide any additional details regarding your child's medical history that you feel would be helpful for the school to be aware of _____

Parental note

All information supplied on this form will be treated in confidence by Kanzi School Staff.

I acknowledge the information supplied above is an accurate record of my child's family details.

Child's Name: _____ Class: _____

Parents name: _____ Signature: _____ Date: _____

Photo/Video Release - Consent Form

Dear Parents and Guardian's,

During the school term, Kanzi School may take photographs and videos to showcase the students at work & play, or at special events, field trips, or celebrations to post internally in classrooms, corridors or classroom notice boards, for teacher education and historical record. In addition, we may use the photographs and video for the school newsletter, brochures, website, social media channels, and other communication channels.

To comply with the high standards of child protection in our school, we seek your permission to take photographs or make recordings of your child for promotional purposes.

I give Kanzi Schools permission to use photographs and video of my child;

In the school prospectors, bulletins and other printed publications produced for promotional purposes or on project display boards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To appear in the media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A group shot on social media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An individual shot on social media	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conditions of use

1. We will not use personal details (Full names) of any child or adult featured photographic image or on video, on our website, in our school prospectors or in any of our other printed publications without good reason. For example, we may include the first name of a pupil in a newsletter to parents if the pupil has won an award, or in the school magazine.
2. If we name a pupil in the text, we will not use a photograph of that child to accompany the article without good reason. (See 1 above)
3. We will not include personal email or postal addresses, or telephone or fax numbers on videos, on our website, in our school prospectus or in other printed publications.
4. We may include pictures of pupils and teachers that have been drawn by the pupils.
5. We may use group or class photographs or footage with very general labels, such as "a science lesson".
6. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.
7. All photos and videos used for publicity will be available for the child's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

I have read in understood the conditions of use.

Parent /Guardian's Names: _____

Child's Name: _____ Grade: _____

Parent's/guardian's signature: _____ Date: _____