



# TENDER CARE JUNIOR ACADEMY

Pre-Primary & Primary School

Komarock

P.O. Box 70-00515, Nairobi | Kenya

Contacts: Central- 0202352013 or 0738756556; Infill B- 0202660900 or 0738930629

## ADMISSION APPLICATION FORM [PLEASE FILL IN BLOCK LETTERS]

### 1. CHILD'S REGISTRATION DETAILS

NAME OF CHILD: \_\_\_\_\_  
FIRST NAME MIDDLE NAME SURNAME (FAMILY NAME)

GENDER: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTH CERTIFICATE NO: \_\_\_\_\_  
(DAY/MONTH/YEAR)

PHYSICAL ADDRESS: ESTATE: \_\_\_\_\_ PHASE/SECTOR: \_\_\_\_\_

COURT: \_\_\_\_\_ HSE NO: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ CODE: \_\_\_\_\_

CLASS OF ADMISSION REQUIRED: \_\_\_\_\_ STARTING : \_\_\_\_\_

### EDUCATION

LAST SCHOOL ATTENDED (IF ANY): \_\_\_\_\_

DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON(S) FOR LEAVING PREVIOUS SCHOOL: \_\_\_\_\_

### MORE ABOUT THE CHILD: IF YES, PLEASE GIVE SPECIFICS

- IS THE CHILD FULLY IMMUNIZED: (YES/NO): IF YES, SPECIFY \_\_\_\_\_
- DOES THE CHILD HAVE ANY RECURRENT/CHRONIC AILMENT? (YES/NO): IF YES SPECIFY \_\_\_\_\_
- ANY KNOWN ALLERGIES? (YES/NO): IF YES, SPECIFY \_\_\_\_\_
- DESCRIPTION OF ANY LEARNING DIFFICULTY: \_\_\_\_\_

- IF YES, NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**STAFF MEMBER**

**PARENT**  
Name \_\_\_\_\_

Platform

**OTHER**  
Specify \_\_\_\_\_

### A. FATHER

NATIONALITY: \_\_\_\_\_ ID/PASSPORT NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_

ALTERNATIVE MOBILE NOS: \_\_\_\_\_; \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

## B. MOTHER

NATIONALITY: \_\_\_\_\_ ID/PASSPORT NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_

ALTERNATIVE MOBILE NOS: \_\_\_\_\_; \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

**C. EMERGENCY CONTACT (OTHER THAN PARENT):**

**NAME:** \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

NATIONALITY: \_\_\_\_\_ ID/PASSPORT NO : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_

ALTERNATIVE MOBILE NOS: \_\_\_\_\_; RELATIONSHIP TO THE CHILD: \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTS:**

1. A copy of the child's birth certificate and both parents'/guardians' copies of national identity cards.
2. A transfer letter from previous school (if applicable)
3. NEMIS/KEMIS/UPI assessment numbers as the case may be for learners in a previous school and already registered.
4. At least 80% of the total school term fee payment bank deposit slip/M-Pesa confirmation.
5. For those with any food restriction, provide a medical report stamped and signed by a recognized medical practitioner/ institution supporting the same.

Please return this form and its attachments by \_\_\_\_\_ for admission.

**6. SCHOOL TERMS AND CONDITIONS**  
**DECLARATION BY PARENTS'/LEGAL GUARDIANS**

I,.....of ID Number .....being the **Parent/ Guardian of** .....  
hereby agree with the following terms and conditions:

1. I will pay full fees on time and as stipulated on my child's termly fee invoice failure of which, the school reserves the right to send my child home without any further notice.
2. I further understand that should my child have any school fees arrears, they will not be allowed to sit for any assessments or exams whether mid/end of term as well as denial of other school service provisions such as transport.
3. I understand that fees once paid is not refundable and any overpayments will be applied to the subsequent term of an academic year for continuing learners.
4. I understand that withdrawal from any optional extracurricular activities should be done before the end of the first week of the term and communicated to the administration or accounts office in writing through the diary/a letter/email. Any withdrawal after commencement of the lessons will not be accepted or subject to any refund.
5. I will ensure my child goes to school neatly donned and in properly done hair i.e. short hair for boys and push back cornrows or banana hairstyle for girls.
6. I understand that hanging earrings are not part of the school uniform (for girls) and therefore in the event of any accident, the school will not be held responsible.
7. For transport services rendered by the school, it is my responsibility to ensure that my child is at the pick-up point before arrival of the bus.
8. I will be liable for any damage to school property as assessed, where it is determined to have been caused by my child.
9. I undertake to co-operate with the school in its programs and requirements including attendance of parents' meetings, school events or functions arranged by the School including school academic trips which are mandatory under CBC.
10. I will give the school administration at least one term's notice, in writing, of my intention to remove my child, or pay one term's fee in lieu of notice.
11. I will ensure that my child wears the appropriate school uniform including Games and Clubs' kits.
12. 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.
13. 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 school administration.
14. 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: .....**

## 7. **MEDIA CONSENT AND RELEASE FORM**

From time to time, we take photographs and videos of your child during academic activities, special events, field trips, and school celebrations. These images may be displayed in classrooms, hallways, and on notice boards for educational purposes, as well as to promote our school through our website, brochures, newsletters, and social media platforms.

When photographs and video are used for publicity, children are not identified by name. In addition, parents reserve the right to request that any photograph or video not be used for publicity.

Please sign the consent slip below to indicate your preference

- As the parent or legal guardian of \_\_\_\_\_, I grant consent for the school to use my child's work, image, or achievements (both academic and non-academic) on the school's social media and other communication channels, as deemed appropriate by the school. I understand that no royalty, fee, or compensation will be paid to me for the use of these photographs or videos.
- Additionally, I acknowledge that I can withdraw this permission at any time by notifying the school in writing.

☐ I AGREE

☐ I DO NOT AGREE

Name of Parent/Guardian: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

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