

ADMISSION FORM



PHOTO

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Admission Number

Admission Date

Class of Admission

Kindly fill in the spaces below with accurate information, preferably in UPPERCASE (Capital)

Student Details

Full Name:		Date of Birth:	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year			
Day	Month	Year							
ID Document Type: (Tick the right box)	<table><tr><td>Birth</td><td>ID</td><td>Passport</td></tr><tr><td>☐</td><td>☐</td><td>☐</td></tr></table>	Birth	ID	Passport	☐	☐	☐	Document No:	
Birth	ID	Passport							
☐	☐	☐							
Former School:		Gender:	Male ☐ Female ☐						
Assessment No:		School Location:							
Residential Address:									

Parent/Guardian Details

Father Details

Name:	
ID/Passport No:	
Phone No:	
Email Address:	

Mother Details

Name:	
ID/Passport No:	
Phone No:	
Email Address:	

Guardian Details

Name:		Gender:	Male ☐	Female ☐
ID/Passport No:		Relationship:		
Phone No:		Email Address:		

Medical Status and Emergency Contacts

(This part is to be strictly filled by the parent or guardian)

A. Has the student ever had or do they suffer from:

Asthma Yes ☐ No ☐ Tuberculosis Yes ☐ No ☐

Diabetes Yes ☐ No ☐ Mental Illness Yes ☐ No ☐

Epilepsy Yes ☐ No ☐ Eating Disorder Yes ☐ No ☐

Stomach Ulcers Yes ☐ No ☐ Sleeping Disorder Yes ☐ No ☐

B. Personal Medical History:

- Do they have vision problems? (If YES, specify) _____
- Do they have hearing problems? (If YES, specify) _____
- Do they have allergies? (If YES, specify) _____
- Do they take medication on a regular basis? (If YES, specify) _____
- Do they have learning problems? (If YES, specify) _____
- Do they have any special dietary requirements? (If YES, specify) _____
- Have they ever had any accident with mental or physical impairment? (If YES, specify) _____
- Have they ever undergone any surgical procedures or operations? (If YES, specify) _____

C. Emergency Contacts:

1st Name: _____ **Relationship:** _____ **Contact:** _____

2nd: Name: _____ Relationship: _____ Contact: _____

D. Any Other Medical Condition or Info *(write N/A if there is no further information):*

Excellence is the way forward

Fee Structure & Payment Terms and Conditions

Class	Term	Payment Categories			Total	Extra Charges for New Admissions
		Tuition	Examination	Activity		
PP1 PP2	Term 1	Ksh.24,000	Ksh.3,000	Ksh.6,000	Ksh.33,000	Interview Ksh.500
	Term 2	Ksh.23,000	Ksh.3,000	Ksh.6,000	Ksh.32,000	
	Term 3	Ksh.23,000	Ksh.3,000	Ksh.6,000	Ksh.32,000	
Grade 1 to Grade 3	Term 1	Ksh.27,000	Ksh.3,000	Ksh.6,000	Ksh.36,000	Admission Fee Primary: Ksh.6,000 Junior Sec: Ksh.8,000 The admission fee is inclusive of registration fee, student card, lockers and exercise books.
	Term 2	Ksh.26,000	Ksh.3,000	Ksh.6,000	Ksh.35,000	
	Term 3	Ksh.26,000	Ksh.3,000	Ksh.6,000	Ksh.35,000	
Grade 4 & Grade 5	Term 1	Ksh.31,000	Ksh.3,000	Ksh.6,000	Ksh.40,000	Termly Transport Fee (Optional) Burhan / Minhaj / 12 th Street Ksh.6,000 Kariokor / Juja / Ushirika / Jamstreet / 6 th – 11 th Street Ksh.9,000 Pangani Ksh.12,000 Section 1 & 3 Ksh.12,000
	Term 2	Ksh.30,000	Ksh.3,000	Ksh.6,000	Ksh.39,000	
	Term 3	Ksh.30,000	Ksh.3,000	Ksh.6,000	Ksh.39,000	
Grade 6	Term 1	Ksh.33,000	Ksh.3,000	Ksh.6,000	Ksh.42,000	
	Term 2	Ksh.32,000	Ksh.3,000	Ksh.6,000	Ksh.41,000	
	Term 3	Ksh.32,000	Ksh.3,000	Ksh.6,000	Ksh.41,000	
Grade 7	Term 1	Ksh.43,000	Ksh.3,000	Ksh.6,000	Ksh.52,000	
	Term 2	Ksh.42,000	Ksh.3,000	Ksh.6,000	Ksh.51,000	
	Term 3	Ksh.42,000	Ksh.3,000	Ksh.6,000	Ksh.51,000	
Grade 8	Term 1	Ksh.48,000	Ksh.3,000	Ksh.6,000	Ksh.57,000	
	Term 2	Ksh.47,000	Ksh.3,000	Ksh.6,000	Ksh.56,000	
	Term 3	Ksh.47,000	Ksh.3,000	Ksh.6,000	Ksh.56,000	
Grade 9	Term 1	Ksh.51,000	Ksh.4,000	Ksh.6,000	Ksh.61,000	
	Term 2	Ksh.50,000	Ksh.4,000	Ksh.6,000	Ksh.60,000	
	Term 3	Ksh.50,000	Ksh.4,000	Ksh.6,000	Ksh.60,000	
Payment Terms and Conditions						
 The school fee is calculated termly and: ○ Full payment must be made on the 1st day of admission for new students. ○ 50% of the full fee must be paid within the 1st week of the term for continuing students.  The siblings' discount is applied as follows: ○ For 4 to 7 siblings, one child receives full discount on the tuition fee. ○ For 8 or more siblings, one in every four siblings receives full discount on the tuition fee. ○ When one of the siblings graduates or transfers, the discount will be recalculated.				 The school reserves the right to keep a student out of class and deny access to any official documents or information until all the due fee balance is cleared.  If one pays total annual fee at once, 1 st term fee is not refundable . For 2 nd and 3 rd term, a term's notice must be given to get a refund.  The payment of the fess should be done using any of the following methods: ○ Cash payment at the Cashier's Office. ○ Cheques payable to California Integrated Academy. ○ Mpesa Pay Bill: Business No: 7201482 Account No: Student Name. ○ Bank deposit at Diamond Trust Bank (DTB) ▪ Acc. No: 0325002005 ▪ Acc. Name: California Integrated Academy. ▪ Branch: Madina Mall		

General Code of Conduct

1. Students are expected to be truthful in speech and action, co-operative, helpful and polite.
2. Students are expected to respect school authority, other students and themselves.
3. The virtues of honesty, responsibility, reliability, hard work and cleanliness are to be observed at all times.
4. Students should observe all school programs and the daily routine of the school promptly.
5. Fighting, assault, bullying or any other form of physical/ mental violence is prohibited.
6. Students are expected to wear the prescribed school uniform, which must be kept neat and clean always.
7. The official languages of communication are English and Swahili.
8. Destruction of school property and any form of breakage will be repaired or replaced by students immediately.
9. Students are not allowed to leave the school compound without permission.
10. Mobile Phones/sim cards and radios or any electronic gadgets apart from scientific calculators are not allowed in the school compound or to be used in school.

Declarations of Agreement

This section is to be completed in conjunction with the respective sections from this document.

A. Student and Parent/Guardian Details

I hereby declare that the information provided in the Student and Parent Details section is accurate and complete to the best of my knowledge. I understand that the school shall not be held responsible for any consequences arising from misinformation or omission of details.

B. Medical Information

I confirm that the medical details provided are true, accurate, and complete. I acknowledge that the school is absolved of any liability arising from incorrect or withheld medical information.

C. Fees and Payment Terms

I agree to pay the school fees as outlined in the terms and conditions. I acknowledge that the fee structure is subject to change and commit to adjusting payments accordingly as communicated by the school.

D. General Code of Conduct

I have read and understood the rules and regulations outlined in the school's Code of Conduct and Student Policy. I agree to abide by these rules and any updates or additional policies introduced by the school during the student's enrollment.

E. Image Rights

We, the undersigned, hereby grant the school permission to use photographs and/or videos taken of the student during school events for the purposes of promoting and celebrating school activities.

We understand and agree to the following:

1. The images will be used respectfully and solely for educational and promotional purposes.
2. No compensation will be provided for the use of these images.
3. This consent will remain valid until formally revoked in writing.

Student Sign: _____ Date: _____

Parent/Guardian Sign: _____ Date: _____

OFFICIAL STAMP