



# CRESTVIEW INTERNATIONAL ACADEMY

## ADMISSION APPLICATION FORM

### ABOUT THE STUDENT

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

☐ Male

☐ Female

Nationality \_\_\_\_\_

Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Photo

Please send this application form to: The Admissions Department  
P.O. Box 18872 - 00500 Nairobi, Kenya.  
Cell: +254 - 756 - 874662 / +254 - 782 - 867666  
Email: [info@crestview.sc.ke](mailto:info@crestview.sc.ke)  
Website: [www.crestview.sc.ke](http://www.crestview.sc.ke)

### EDUCATION

Previous School Attended \_\_\_\_\_ Year / Class Completed \_\_\_\_\_

### ADMISSION

Class to which admission is being sought \_\_\_\_\_ To Start SEPTEMBER / JANUARY / APRIL \_\_\_\_\_

### ABOUT THE PARENT OR LEGAL GUARDIAN AND FINANCIAL SPONSOR

☐ Mr. ☐ Mrs. ☐ Miss Nationality \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Profession \_\_\_\_\_

If you reside in Kenya, please specify if you have a: ☐ Kenyan Citizenship ☐ Work permit

Mailing and Physical Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**VERY IMPORTANT****\*Please return this form duly filled in, and enclose the following:**

- Official copy of your previous School Leaving certificate.
- Official copy of your final transcripts.
- A short essay of about 205 words about yourself.
- 2 passport size photographs.
- 1 Photocopy of your valid passport showing your name & nationality
- Duly filled in, signed & stamped Medical Certificate or Physician Report if necessary.

**ACADEMIC PROGRAMMES**

I wish to enroll for the following academic programme (one choice only)

☒ JUNIOR SCHOOL☐ IGCSE

- |                                     |                                 |                                 |                                  |                                  |
|-------------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Play Group | <input type="checkbox"/> YEAR 1 | <input type="checkbox"/> YEAR 4 | <input type="checkbox"/> YEAR 10 | <input type="checkbox"/> YEAR 11 |
| <input type="checkbox"/> KG 1       | <input type="checkbox"/> YEAR 2 | <input type="checkbox"/> YEAR 5 |                                  |                                  |
| <input type="checkbox"/> KG 2       | <input type="checkbox"/> YEAR 3 | <input type="checkbox"/> YEAR 6 |                                  |                                  |

☒ MIDDLE SCHOOL☐ A LEVELS

- |                                 |                                 |                                 |  |                                  |
|---------------------------------|---------------------------------|---------------------------------|--|----------------------------------|
| <input type="checkbox"/> YEAR 7 | <input type="checkbox"/> YEAR 8 | <input type="checkbox"/> YEAR 9 | <input type="checkbox"/> AS / GRADE 12 | <input type="checkbox"/> YEAR 11 |
|---------------------------------|---------------------------------|---------------------------------|--|----------------------------------|

I wish to start my studies in: September 20 \_\_\_\_\_ January 20 \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

- |                                    |                                   |                                     |
|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Student   | <input type="checkbox"/> Internet | <input type="checkbox"/> Parents    |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Media    | <input type="checkbox"/> Billboards |

☐ Other, please specify \_\_\_\_\_

\*Please give the name \_\_\_\_\_

**LAPTOP OPTION**

- |  |   |
|--|---|
| <input type="checkbox"/> I will bring my own laptop which meets Institution's requirements | <input type="checkbox"/> I would like to purchase the laptop through the Crestview International Academy payment plan |
|--|---|

**SERVICES**

a) Lunch is Mandatory

b) Transport required ☐ One - Way ☐ Two - Way

Pick up / Drop off point \_\_\_\_\_

**PERSONAL HISTORY (strictly confidential)**

My Blood Group is \_\_\_\_\_

Have you ever had or do you suffer from:

	No	Yes	(if yes, when)
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle Cell Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	_____

	No	Yes	(if yes, when)
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleeping Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____

• For the following points, please specify if you:

• Have any other disease or have had an operation recently \_\_\_\_\_

• Have dyslexia or other learning problems (indicate to what degree) \_\_\_\_\_

• Have allergies to any medicine or other products \_\_\_\_\_

• Take any medication on a regular basis \_\_\_\_\_

• Take or have taken antidepressants \_\_\_\_\_

• Are on a special diet \_\_\_\_\_

• Have had any accident with mental or physical consequences \_\_\_\_\_

With regards to any of the above special needs or medical conditions you may require, Crestview International Academy aims to create an environment which enables all students to contribute fully in the School life. To help us make reasonable adjustments, it is imperative to clearly indicate your special needs (i.e. dyslexia) or medical condition. Please note that consideration of how we can meet any special needs is separate to the assessment of your academic sustainability.

How would you describe your general health condition?

☐ Excellent

☐ Very Good

☐ Good

☐ Poor

In keeping with the School's policies regarding the preventive health measures, the School Director may request a student to undergo a medical checkup at any time during his / her studies at Crestview International Academy.

Signature of the applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of the parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT

I hereby certify that all information given on this form is exact and complete. I acknowledge having read and understood this document, (available from the website [www.crestview.sc.ke](http://www.crestview.sc.ke)) which includes the Handbook, the Rules of Crestview International Academy as well as the payment terms and conditions. I agree to abide by them as well as the specific Crestview International Academy regulations. I understand that the fees are modified when absolutely necessary. I hereby agree to give ONE TERM'S notice in case of withdrawal of my child from your school, failure to which i will pay a TERM'S FEE in lieu of notice. I hereby agree that Crestview International Academy may obtain, in emergency, medical treatment for my child should it not be possible to contact the parents. I promise to make good any such expenses incurred.

Signature of the Parent/Financial Sponsor

Date \_\_\_\_\_

## APPLICATION FEE

Please find enclosed Cash / Cheques No. \_\_\_\_\_ of Kshs 15,000/- towards the Application Fee.

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

DATE OF ADMISSION: \_\_\_\_\_

ADMITTED TO YEAR: \_\_\_\_\_

HOUSE NAME: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

DATE : \_\_\_\_\_