



CRESTVIEW INTERNATIONAL ACADEMY

ADMISSION APPLICATION FORM

ABOUT THE STUDENT

Family Name _____

First Name _____

Male

Female

Nationality _____

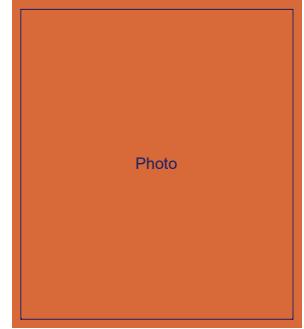
Birth Date: Year _____ Month _____ Day _____

Mailing Address _____ City _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ E-mail _____



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

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

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