West Nairobi School

P.O. Box 1333 - 00502
Nairobi, Kenya

Tel.: 020-8086290, 0733-610394, 0703-610394
www.westnairobischool.org info@westnairobischool.org

Network of International Christian Schools

Thank you for choosing West Nairobi School as your school of choice

Instructions:

- The application fee is 185 US Dollars
- Complete all pages
- The health assessment form must be completed by your physician
- Submit all the completed forms to admissions

If you have any questions, please contact the admissions director at admissions@westnairobischool.org
Or call 020-8086290, 0733-610394, 0703-610394.

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updated 15 September 2016

Network of International Christian Schools

APPLICATION FOR ADMISSION

Application Fee: 185 U.S. Dollars

Please fill this form completely.

Pupil's Name: _____ _____ _____
Last First Middle Name

_____
Name Used

Grade and Date of Requested Entrance: _____ ____/____/____ Bus Transport Needed? Yes No
Grade *Date (dd/mm/yy)*

Birth Date: _____ / _____ / _____ Sex: _____ Birthplace: _____
Day *Month* *Year* *City* *Country*

Citizenship: _____ Passport Number: _____

Issue Date: _____ Expiry Date: _____ (Please provide photocopy of passport)

Authority to be in Kenya Dependent Pass / Pupil Pass / Other (please list) _____

Mailing Address: _____
P.O. Box or Street Name and Number *City* *Country*

First Language Spoken: _____ Language(s) Spoken at Home:_____

Father's Information

Father's Name: _____ _____ _____
Last *First* *Mobile Phone #*

Father's Email Address:_____

Citizenship: _____ Occupation: _____

Employer: _____ Work Phone: _____

Employers Address: _____
P.O. Box or Street Name and Number *City* *Country*

Mother's Information

Mother's Name: _____ _____ _____
Last *First* *Mobile Phone #*

Mother's Email Address: _____

Citizenship: _____ Occupation: _____

Employer: _____ Work Phone: _____

Employers Address: _____
P.O. Box or Street Name and Number *City* *Country*

Guardian's Information (IF not living with mother or father)

Guardian's Name: _____ _____ _____
P.O. Box or Street Name and Number *City* *Country*

Guardian's Email Address: _____

Siblings Already Attending WNS

Name Grade

1._____

2._____

3._____

4._____

PREVIOUS TWO YEARS OF SCHOOLING

NAME OF SCHOOL: _____

ADDRESS: _____

Grade(s): _____ Dates: _____

NAME OF SCHOOL:_____

ADDRESS: _____

Grade(s): _____ Dates: _____

The Following Questions Do Not Necessarily Affect Enrolment

Has the applicant ever been suspended or expelled from school?	Yes	No
Has the applicant had any emotional, behavioural, and or learning difficulties?	Yes	No
Has the applicant benefited from ESL/ELL in the past?	Yes	No
Ever had an IEP (Individualized Education Program), a 504 Plan, or similar?	Yes	No
Ever been diagnosed as having ADD, ADHD, Autism, or similar?	Yes	No
Any serious/chronic medical conditions the school should be aware of?	Yes	No

If the answer is "yes" to any question, please explain and supply all diagnostic results, etc.

_____

_____

_____

_____

_____

_____

(Please note that WNS is able to admit children with minor learning difficulties, but does not have a program nor personnel to care for children with serious learning difficulties.)

REFERENCES and EMERGENCY CONTACTS (Other than Parents & within Nairobi when possible):

1. Name: _____ Relationship: _____

   Home Phone: _____ Office Phone: _____ Mobile #: _____

2. Name: _____ Relationship: _____

   Home Phone: _____ Office Phone: _____ Mobile #: _____

*****Please mark an X in one of the boxes to give consent for WNS to use your child's photo for promotional materials.**
[ ] YES-I give permission to use my child's photo [ ] NO-I do not give permission for WNS to use their photo

PLEASE NOTE:
Pupils are subject to discipline as may be necessary as defined in the Parent and Student Handbook. Parents shall read and sign the acknowledgement form in the Parent and Student Handbook. The use or possession of tobacco, illegal substances and / or alcoholic beverages is strictly forbidden.

All communications should be addressed to: West Nairobi School, P.O. Box 1333, Nairobi Karen 00502, Kenya or *admissions@westnairobischool.org*

IMPORTANT PAYMENT INFORMATION

Person or Organization responsible for payment: _____

Contact name and contact number: _____

Contact email address: _____

Parents' Religious Affiliation: _____
(This information for statistical purposes only. WNS does not discriminate on basis of religion, national origin, or sex of a student.)

How or from whom did you hear about WNS? ❑ Online (Website, Facebook, or Other Sites) _____

❑Expo ❑ Word of Mouth ❑ EA Private Schools Guide ❑ Other: _____

SPECIAL NOTE:
Once a student is accepted to West Nairobi School a deposit shall be paid to reserve the students place. These deposits are non-refundable but will be fully applied towards tuition.

I hereby certify that the above particulars are correct. I am aware that the West Nairobi School follows the American course of studies. I permit my child full participation in all activities including religious instruction, which West Nairobi School includes in its curriculum. I expressly agree to allow West Nairobi School to contact my references and former schools. I understand my student may not be accepted and enrolled in West Nairobi School.

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date

West Nairobi School Student Health Assessment

No admissions will be processed without the completion of this form

Part 1: Student Health Assessment (to be completed by Parent/Guardian)

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Name (Day/month/year)

Part 2: Health Evaluation (to be completed by your Physician)

Health Examination Date: _____ (evaluation must be done after child is 3 years of age for Pre-K)

Blood Type_____ Height _____ Weight_____ Blood Pressure_____

For Pre-K students: Eyes_____Vision R 20/_____ L/20_____with or without corrective device (circle one)

Ears _____ Hearing R _____ L _____

Is there any evidence for concern in the areas listed below? Please check the results of your examination.

Allergies (Drugs, Food, Insects) Yes ☐ If "Yes" please indicate what and reaction suffered:
_____

Vision	Yes ☐		
Asthma	Yes ☐	Hearing	Yes ☐
Behavior/Emotional	Yes ☐	Speech	Yes ☐
Diabetes	Yes ☐	Development	Yes ☐
Seizures	Yes ☐	ADD/ADHD	Yes ☐
Birth Defects	Yes ☐	Bladder	Yes ☐
Cerebral Palsy	Yes ☐	Bowel	Yes ☐
Heart	Yes ☐	Activity Limits	Yes ☐

No concerns in the areas listed above ☐

Part 3: Immunization History

Vaccination is a proven tool for controlling and even eradicating infectious diseases. It is an easier and less risky way to become immune. It protects not just the individual but an entire community.

Compulsory Vaccines (Please indicate dates given, or attach a copy of the records)

BCG or PPD (Tine Test) _____

Diphtheria/Pertussis/Tetanus (DTP): No. 1 _____ No. 2 _____ No. 3 _____

No. 4 _____ No. 5 _____ No. 6 _____

Polio (OPV or IPV): No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____ No. 5 _____

Measles, Mumps, Rubella (MMR): No. 1 _____ No. 2 _____

Yellow Fever: _____

Recommended Vaccines:

Hepatitis B: No. 1 _____ No. 2 _____ No. 3 _____

Hepatitis A: No. 1 _____ No. 2 _____

Hib: No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____

Tetanus Booster: _____

Varicella: _____ (If child has not had Chicken Pox before starting school)

Part 4: Additional Information from Medical Practitioner

The above mentioned student has had a complete history and physical examination, and is free of infection or contagious diseases and can participate in normal school activity? Yes ☐ No ☐

If no, please state condition or limitations.

_____

_____

Name of Medical Examiner: _____ Phone Number: _____

Address of Medical examiner: _____

Email of Medical Examiner: _____

_____ _____

Signature and Stamp of Medical Examiner Date

Part 5: Medications

Please check if you grant permission to West Nairobi School to administer the following non-prescription medications to your child.

Antacid Tablet ☐ Throat Lozenges ☐ Ear Drops ☐ Eye Drops ☐ Panadol (Paracetamol/Tylenol) ☐
Ibuprofen ☐ Piriton (antihistamine) ☐

Is your child taking any medication regularly at home? Yes ☐ No ☐

If yes, Medication _____ Dosage _____

Purpose _____

Additional Parent comments to the School Health Officer:

_____

_____

_____

In case of medical emergency, please note that your child will be transported to Karen Hospital, located on Lang'ata Road in Karen.

In the event of "NO WARNING" civil disorder during the school day prohibiting safe travel, I grant West Nairobi School authority to assume custody of my child, without liability to West Nairobi School.

Parent or Guardian Signature: _____ Date: _____