



Attach  
Photo  
Here

## Enrolment Application

To process the enrolment application, it is important that all parts of this form are completed.

Please tell us how you heard about us: \_\_\_\_\_

**PLEASE PRINT CLEARLY.**

Date of Application: d/\_\_\_\_ m/\_\_\_\_ y/\_\_\_\_

Please TICK all your choices: *(where applicable)*

### Prep School

Pre-Creché

Creché

Nursery

Reception

### Lower Primary

Yr 1

Yr 2

Yr 3

Yr 4

Yr 5

Yr 6

Lunch

Transport

**Full Days**

8:30am - 3:20pm

**N.B.**

Pre-Creche, Creche & Nursery  
are half days (8:30am - 1:20pm)

Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Current physical Address: *(print in detail: Road, Estate, Apt, Hse no., etc.)* \_\_\_\_\_  
*(Please print & attach a location pin)*

Language(s) Spoken at Home: \_\_\_\_\_

**FAMILY INFORMATION**

**Father/Guardian**

**Mother/Guardian**

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

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

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Other (please name) \_\_\_\_\_

Parent's Marital Status:  Married  Divorced  Other

If Other, Please elaborate: \_\_\_\_\_

\_\_\_\_\_

Correspondence:  Both Parents  Mother  Father  Other (please name) \_\_\_\_\_

Please list the names and ages of siblings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PICK UP INFORMATION**

My child may be picked up by:

**Pick Up Person #1:** \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Or Pick Up Person #2** \_\_\_\_\_

Land Line \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Or Pick Up Person #3:** \_\_\_\_\_

Land Line \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Kindly attach copy of ID/Passport and a recent photo of authorized persons.*

**CURRENT MEDICAL INFORMATION**

Is the Child Insured?  Yes  No

If Yes, Please give details: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

My child has allergies:  No  Not Known  Yes

If yes, please list allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on any condition(s) that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, etc.

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICAL INFORMATION CONT'D**

physical activity restrictions \_\_\_\_\_

hearing or vision problems that cannot be corrected \_\_\_\_\_

your child's previous history of communicable diseases: (e.g.: Chicken Pox, Measles)

Other conditions that may require a teacher to take action for the benefit of your child's health

**EMERGENCY CONTACTS**

**(In the event of an emergency)**

**Contact Person #1**

(Name) \_\_\_\_\_

Contact Nos.: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact Person #2**

(Name) \_\_\_\_\_

Contact Nos.: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

In the event of an accident or illness involving my child, while my child is in the care of Sina Learning Centre Ltd., I hereby authorize the administration, of any medical procedure deemed necessary, by the above-named Doctor, or by any hospital Emergency Department, or by any other qualified physician. In no case will Sina Learning Centre Ltd or its staff be liable for costs incurred and procedures undertaken, as a result.

Signature \_\_\_\_\_

**YOUR CHILD'S PROFILE** *(to help us know your child)*

Has your child had any previous school, playgroup or nursery experience?

If so, where and how often? \_\_\_\_\_

List any organized activities that your child has participated in – such as swimming lessons, library groups, etc.: \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Is your child toilet-trained?  Yes  No  In process

Can your child manage their washroom routine independent of an adult?  Yes  No

Can your child verbally communicate his/her needs effectively?  Yes  No

Has your child ever been hospitalized?  Yes *(for?)* \_\_\_\_\_  No

Does your child have any Learning Difficulties?  No  Yes

If yes, please explain: \_\_\_\_\_

Other information you wish us to know: \_\_\_\_\_

**ENROLMENT REQUIREMENTS**

To Enrol your child, the school requires the following:

1. A duly completed Enrolment Application Form.
2. 2 current passport size photos. *(White Background)*
3. A copy of your child's birth certificate and/or passport.
4. Immunization Records.
5. Enrolment Application Fee Proof of Payment. \*
6. Progress reports and/or Educational assessments.

## PAYMENT POLICY

### Important Information about school fees:

1. **Full payments of ALL fees are required before or on the first day of the term. A child may be denied to attend classes, if this is the case.**
2. **Tuition Fees:** cover all tuition and work books.
3. **ALL Fees:** are non-refundable.
4. There may be additional charges for trips and activities outside of the standard school education programme. Parents/Guardians will be notified of these by separate letter from the Head Teacher or relevant Head of Department.
5. **Extra-Curricular Fees:** Activities once chosen, **may not be cancelled**, and payment in full must be made.
6. **Special Needs:** Children with learning difficulties will pay 50% extra to the normal school fees, and if a shadow teacher is required to be with the child, then an additional fee will be paid.
7. **Caution Deposit:** is paid as a reservation fee and refundable once the student leaves Sina. Appropriate notice and clearance by the Head Teacher is mandatory. If there are losses or breakages, or any other payments done by the school for a student, the caution deposit must be topped up accordingly.
8. **Discount:** A 5% discount is offered on the tuition if fees are prepaid in full for the whole school year.
9. **Family Discounts:** This applies to tuition fees only, and for the third and subsequent children enrolled. The discount is applied to the tuition of the youngest child at a rate of 5% per sibling.
10. **Late Payment** after the commencement of the first day of each term, will incur an additional fee of Ksh. 7,000/= and a surcharge of 2% per month after the first 14 days. If at any time payments are late, the parent/guardian will be required to leave a full term's tuition fees as an additional security deposit with the school. This is refundable.\*
11. **No remission** is made in cases of illness, quarantine, leave for part of the term for any cause whatsoever. Parents/Guardians who withdraw their child for leave or any reason during the term are liable for a full term's fees.
12. **Withdrawal /Cancellation Notice:** A full term's notice in writing and the Head Teacher's acknowledgement in writing of the same is required for withdrawals. A full term's fees are payable in lieu of such notice.
13. All payments should be made after receiving an invoice from the school accounts office.
14. \* **No cash payments** will be received by the school. All fees must be paid via the school account and/or M-Pesa paybill.
15. **Cheques:** the school will only accept bankers cheques. Special arrangements must be made with the school management for any parent/guardian wishing to pay with normal cheques.
16. There will be a **late pick-up fee** of Ksh1500.00 after 4.00 p.m. and Ksh. 500.00 for every 15 minutes thereafter.
17. **Transport:** Details of routes and fees may be obtained from the school.
  - a) Transport maybe provided by the school.
  - b) Transport Fees is non-refundable.
18. **Additional Costs** -The school Uniform, stationery, extra-curricular activities and equipment are not offered by the school.
19. All fees maybe revised by the school as the need may arise. Revisions will be communicated to the parent/guardian by the school management.
20. Detailed Fees and costs may be obtained from the school.

\* T&C Apply

**CONSENT**

**By Filling and signing this application form, I/We:**

**I/we would like to enrol our child at Sina Learning Centre Ltd. in the program indicated on this application.**

**As parent(s)/guardian(s), we consent to the collection, use and disclosure of personal information in respect of and on behalf of myself/ourselves and my/our child, which may be collected, used and disclosed as necessary for the purposes of providing education and other services, student records and administrative purposes related to Sina Learning Centre Ltd. and as otherwise required by law.**

**As parent(s)/guardian(s), acknowledge that I/we have read and understood all the terms and conditions, and I/we agree to abide by them.**

\_\_\_\_\_  
**Name of Parent/Guardian (print)**

\_\_\_\_\_  
**Signature**

**N.B. It may take up-to 10 working days for replying**

*For Official Use*