PINK TOWER INTERNATIONAL SCHOOL

James Gichuru, Off Kabarsiran rd, Manyani rd
TEL: +254 707 480 825 Email: info@pinktowerinternational.com
Web: www.pinktowerinternational.com

STUDENT ADMISSION FORM

FOR OFFICIAL USE ONLY

Year /Section _____ Term _____ Adm No_____

Receipt No _____ House _____

Date of Admission _____ Academic Year _____

PHOTO

STUDENTS DETAILS

Students Surname *

Students Forenames

Nationality

Date of Birth

Home Language

Other Languages

Boy ☐ Girl ☐

Year Group Entry

Year K3 (Ages 5 to 6 years) ☐

Year 1 (Ages 6 to 7 years) ☐

Year 2 (Ages 7 to 8 years) ☐

Year 3 (Ages 8 to 9 years) ☐

Year 4 (Ages 9 to 10 years) ☐

Year 5 (Ages 10 to 11 years) ☐

Year 6 (Ages 11 – 12 Years) ☐

SCHOOL YOUR CHILD IS CURRENTLY ATTENDING (if applicable)

Name of School

Address

Telephone

Email Address

SIBLINGS

Name	Date of Birth	School Attending
Name	Date of Birth	School Attending
Name	Date of Birth	School Attending

PARENT/GUARDIAN 1

Relationship to Students

Father ☐ Mother ☐ Guardian ☐

Title and Full Name

Home Address

Mobile / Telephone Number **Email Address** **Occupation**

Employer

PARENT/GUARDIAN 2

Relationship to Students

Father ☐ Mother ☐ Guardian ☐

Title and Full Name

Home Address

Mobile / Telephone Number *

Email Address

Occupation

Employer

SPECIAL PROVISION

Please tick if your child has a disability or specific learning difficulty which might require special provision while at school.

Please note we might not be equipped to admit children with severe Special needs at the moment.

SURVEY

How did you hear about us? _____

SAFEGUARDING & CHILD PROTECTION

Pink Tower International School Limited is committed to safeguarding and promoting the welfare of all children. The school and all its stakeholders and visitors have a responsibility to ensure the safety and wellbeing of every child and to protect them from abuse and neglect. The school's procedures for protecting and ensuring the safety of children is always documented and followed consistently. Concerns regarding the welfare of any child can be raised with the Head Teacher who is the Designated Safeguarding Lead at School.

DATA PROTECTION

The details you have provided will be used to promote closer links between Pink Tower International School Limited, its alumni and parents.

By ticking this box ☐ you give permission to Pink Tower International School Limited to use your email address and telephone number to contact you from time to time also to inform you of information or changes in your child's class events happening at the school for marketing purposes. *

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MEDICAL FORM

(To be filled by Parent / Guardian and Physician)

Mother's Full Name: ……

Home Address: ……

Phone: …… (home) …… (work) …… (cell)

Business Name & Address: …….

…….

Father's Full Name: ……

Home Address: ……

Phone: …… (home) …… (work) …… (cell)

Business Name & Address: …….

…….

Guardian's Full Name: ……

Home Address: ……

Phone: …… (home) …… (work) …… (cell)

Business Name & Address: …….

…….

IN CASE OF EMERGENCY CONTACT:

Name: ……..

Home Address: ……

Phone: …… (home) …… (work) …… (cell)

Business Name & Address: …….

…….

Physician/Pediatrician

Name: ……..

Address: …….

Business Phone: ……

MEDICAL HISTORY

a) ILLNESSES

Tick illnesses child has had and give approximate dates.

ILLNESS	YES	NO	YEAR & COMMENT
Chicken Pox			
German Measles (Rubella)			
Mumps			
Whooping Cough			
Measles			
Diphtheria			
Rheumatic Fever			
Tuberculosis			
Febrile Convulsions			
Meningitis			

b) CONDITIONS

Does the child have any of the following conditions? (Tick appropriate answers)

ILLNESS	YES	NO	YEAR & COMMENT
Asthma			
Blood Dyscrasia			
Diabetes			
Heart Disease			
Cardiac Abnormality			
Renal Disorder			
Epilepsy			
Sickle Cell Disease			
Physical Disability			
Emotional Problems			
Visual Defects			
Hearing Problems			
Speech Problems			
Learning Disability			
Down's Syndrome			

Please clarify any areas ticked "yes" above. Include whether or not child is on long term medication, name and dose of medication and any possible side effects.

…….

…….

…….

…….

c) **IMMUNISATION HISTORY**

Is child Fully Immunized? Yes ……. No …….

A copy of the Immunization Card is to be attached.

Please note that a child cannot be admitted to school without evidence of "FULL IMMUNISATION".

d) **ALLERGIES**

ALLERGY	YES	NO	SPECIFY
Hay Fever			
Food			
Drug			
Other 1)			
2)			

e) **PHYSICAL FITNESS**

Is this child able to participate in normal Physical Education activities? Yes…….. No……..

If No, state limitations.

…….

…….

This child is free from any contagious disease and is fit to attend school. Yes…….. No……..

I certify that the information given on this form is correct.

……. ……

Signature of Physician (please stamp) Date

Permission is granted for:

1) Emergency first aid in case of minor injury.

2) Dissemination of information for this child's health information to selected school personnel for the welfare of the Child.

3) Contact to be made with Physician/Pediatrician/Hospital in case of major/serious emergency.

……. ……

Signature of Parent/Guardian Date

CHECKLIST

Please check that you have submitted the following with this form, and send them to the school –

- A leaving certificate or letter from the previous school (Mandatory)
- A non-refundable admission fee.
- A copy of your child's birth certificate
- A copy of student passport (non-citizens)
- A copy of Dependent pass (non-citizens)
- A copy of Parents ID / Passport
- A copy of previous result slips / progress report
- Two passport sized photographs
- Completed medical form

Please ensure that you have completed the section concerning medical information which is on the sheet inside this registration form. If no such sheet is present, then please contact the school for one

OFFICE USE

I have interviewed the student and found her/him Suitable for placement in year_____

Reporting date_____

Student's Name: _____

Class Sought: _____

Starting September/January/April

Head's Name _____Sign:_____

Date_____

THANK YOU