

Attach student
photo here



West Nairobi School

P.O. Box 1333
Nairobi, Karen 00502, Kenya
Tel. 254-20-884905/6. Mbl. 0733 610 394
info@westnairobischool.org www.westnairobischool.org



APPLICATION FOR ADMISSION

- Enrollment Fee – Ksh.3,000
- Testing Fee- Ksh.6,000
- Registration Deposit – Ksh.15,000
- Attach Grade Report/School Records from 2 previous years (except for Pre Kindergarten & Kindergarten applicants)
- Attach Birth Certificate/Proof of Birth Date
- Attach health/vaccination record
- Attach photo page of Passport/Dependents Pass page/Pupils Pass page
- If standardized or educational testing results are available please attach
- If student has been assessed or placed in any special education programs, attach IEP
- Letter of Recommendation from Previous School

Pupil's Name: _____
Last First Middle Name Used

Grade and Date of Requested Entrance: _____ Bus Transport Needed? Y / N (circle one)
Grade Date

Birth date: ____/____/____ Sex: ____ Birthplace: _____
Month Day Year City Country

Citizenship: _____ Passport Number: _____ SS#(U.S.) ____/____/____

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

Authority to be in Kenya (circle one) Dependent Pass Pupil Pass Other (list) _____

Kenya Address: _____
P.O. Box City Postal Code

Home Phone #: _____ Fax #: _____

Email address (1): _____ Email address (2) _____

Father's Name: _____
Last First Mobile Phone #

Birthplace: _____ Nationality: _____

Citizenship: _____ Occupation: _____
Country

Employer _____ Work Phone: _____

Employers Address: _____
P.O. Box or Street name and number City State Country

Mother's Name: _____
Last First Mobile Phone #

Birthplace: _____ Nationality: _____

Citizenship: _____ Occupation: _____
Country

Employer: _____ Work Phone: _____

Employers Address: _____
P.O. Box or Street name and number City State Country

Parents' Religious Affiliation: _____

PREVIOUS TWO YEARS OF SCHOOLING

NAME OF SCHOOL _____

ADDRESS _____

Grade(s) _____ Dates _____

NAME OF SCHOOL _____

ADDRESS _____

Grade (s) _____ Dates _____

Has the applicant had any history of learning difficulty? _____ Ever received specialized education? _____ Ever been diagnosed as having Attention Deficit Disorder? _____ If the answer is "yes" to any question, please explain and supply all diagnostic results. Etc. (Please note that WNS is glad to admit and work with children with minor learning problems, but does not have a program nor personnel to care for children with serious learning problems.)

REFERENCES and EMERGENCY CONTACTS (Within Nairobi when possible):

1. Name: _____ Relationship: _____

Home Phone: _____ Office Phone: _____ Mobile # _____

2. Name: _____ Relationship: _____

Home Phone: _____ Office Phone: _____ Mobile # _____

3. Name: _____ Relationship: _____

Home Phone: _____ Office Phone: _____ Mobile # _____

PLEASE NOTE:

Pupils are subject to such discipline as may be thought necessary, or to expulsion should they be habitually disobedient.

The use or possession of tobacco and/or alcoholic beverages is forbidden.

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

SPECIAL NOTE: FOR STUDENTS ENROLLING IN WEST NAIROBI SCHOOL, A KSH.15,000 TUITION REGISTRATION DEPOSIT IS TO BE INCLUDED WITH THIS FORM. THESE DEPOSITS ARE NON-REFUNDABLE BUT WILL BE FULLY APPLIED TO TUITION.

GENERAL STATEMENT

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.

Date ____/____/____
Month Day Year

Parent's signature

Parent's signature

Application must be filled out completely before students will be allowed to attend classes. Please be thorough.