



ROOTS ACADEMY- NAKURU

PRIMARY SCHOOL
MIXED DAY & BOARDING
P.O. BOX 3529 - 20100, NAKURU

CELL: 0704 083 961, 0717888820, 0727666651, 0793478831



ATTACH
PASSPORT

ADMISSION FORM

PARTICULARS OF THE PUPIL

CHILD'S NAME (In full): -

GENDER: MALE FEMALE

D.O.B: PLACE OF BIRTH..... BIRTH CERT. ENTRY NO.

NATIONALITY: RELIGION:

ADMISSION IN CLASS: YEAR OF ADMISSION

LAST SCHOOL ATTENDED

NAME: YEAR:

PARTICULARS OF PARENT/GUARDIAN

FATHER'S NAME: TEL:

MOTHER'S NAME: TEL:

GUARDIAN'S NAME: TEL:

NB:

a) In case of emergency requiring my child's admission in a hospital, I would like he/she to be taken to:-

Name and contact of personal doctor (if any)

b) School's choice:- YES NO

TO BE FILLED IN BY THE OFFICE

NAME OF CHILD:

CLASS: ADM NO.

DATE: SIGN:.....

MOTTO: LEARN TO PROSPER



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SCHOOL HEALTH CLEARANCE FORM

NAME OF PUPIL D.O.B..... SEX: F/M

CONDITION	YES/NO	COMMENT	CONDITION	YES/NO	COMMENT
Allergies (food, drugs, latex)			Bowel problems		
Allergies (seasonal)			Cerebral palsy		
Asthma or breathing problems			Dental problems		
Attention deficit/ Hyperactive disorder			Diabetes		
Behavioral problems			Head injury, concussions		
Developmental problems			Hearing problems/ deaf		
Bladder problems			Heart problems		
Bleeding problems			Vision problems		
Seizures			Surgery		

Describe any other important health related information about your child

.....
.....

List all prescriptions, over the counter and herbal medications your child takes regularly

.....

Tick here if you need to discuss confidentially with the school authority ()

Religious exemptions

Disclaimer: I the parent/guardian of
..... Certify that I have given all the
information to the best of my knowledge.

Signature of the person completing this form

Date:

MOTTO: LEARN TO PROSPER