



EPREN ACADEMY

Y O U R E D U C A T I O N S O L U T I O N
P.O. BOX 28026 NAIROBI.TELL: 020 788941 MOBILE 0726767606

I wish to make an application for my child to join:

1. Playgroup.
 2. Pre - primary 1 2
 3. Grade 1 2 3 4
 4. Class 5 6 7 8
- Circle where appropriate

Child's information:

Surname Other Names.....

Date of BirthNationality

Religion

Current School and Class

U.P.I No.....

Father's information:

Name ID Number

Mobile Number

Occupation Place of work

Residential Address

Email Address P O Box

Mother's information:

Name ID Number

Mobile Number

Occupation Place of work

Residential Address

Email Address P O Box

Guardian's information:

Name ID Number

Mobile Number

Occupation Place of work

Residential Address

Email Address P O Box

ONE OTHER PERSON AUTHORIZED TO PICK/SIGN YOUR CHILD/REN FROM SCHOOL

1. NameID Number
- Mobile Number
- Occupation.....Place of work
- Residential Address
- Email Address P O Box

Medical record

Please explain (with evidence) any medical issue affecting your child. This information is vital for proper handling of your child by the school

Required documentsand conditions

Current report signed by thechild's present head teacher on the child's studies and conduct.

Original and a copy of birth certificate

The reception of this form does not constitute a promise that the child will be accepted.

Any child joining the school during the term will pay the full terms fees.

At least one terms notice in writing must be given before a child is withdrawn. In the event of this not being done, a terms' fees will be charged in lieu of notice

In case of illness the school will take the child to the nearest Public Hospital

Epren Academy reserves the right to remove any child who is not likely to benefit by staying any longer, or if the child's conduct shows that he or she is not a fit member of the community, or whose fees has not been paid

I agree to the terms and conditions on entry to the academy and I accept the liability for one terms notice. I will do all in my power to co-operate with the Academy to see that the rules and regulations are maintained by my child as long as he/she is a member of the school community.

Name

Signature

Date