

LODwar HIGH SCHOOL

FULL ADMISSION & CONSENT BOOKLET – SENIOR SCHOOL

Affix passport size photograph here

1. STUDENT DETAILS

Full Name of Student: _____

Date of Birth: _____

Sex: _____

Nationality: _____

Birth Certificate / Passport No: _____

Religion: _____

Physical Address: _____

Class Applying For: _____

Year of Entry: _____

Last School Attended: _____

Dates Attended (From – To): _____

Curriculum Followed: _____

Learning Difficulties (if any): _____

Special Talents / Skills: _____

Relatives at Lodwar High School (Names & Classes): _____

2. PARENTS / LEGAL GUARDIANS DETAILS

Father's Full Name: _____

ID / Passport No: _____

Mobile Phone: _____

Alternate Phone: _____

Email Address: _____

Occupation & Employer: _____

Marital Status: _____

Mother's Full Name: _____

ID / Passport No: _____

Mobile Phone: _____

Alternate Phone: _____

Email Address: _____

Occupation & Employer: _____

Marital Status: _____

Responsible Person for Fees (if parents separated): _____

3. GUARDIAN / EMERGENCY CONTACT

Name: _____

Relationship to Student: _____

Mobile Phone: _____

Email Address: _____

Physical Address: _____

4. SCHOOL SERVICES

School Lunch (Yes / No): _____

Vegetarian (Yes / No): _____

Food Allergies / Restrictions: _____

School Transport (Yes / No): _____

Transport Route / Zone: _____

5. REQUIRED DOCUMENTS

- Birth Certificate / Passport
- Previous School Reports (Last 2)
- KCPE Result Slip (where applicable)
- School Leaving Certificate / Recommendation Letter
- One passport-size photograph
- Parent/Guardian ID copies

6. PARENT / GUARDIAN DECLARATION

I hereby declare that all information provided is true and correct and that I agree to abide by all rules and regulations of Lodwar High School.

Parent/Guardian Full Name: _____

Signature: _____

Date: _____

7. COMMITMENT TO CHRISTIAN PRACTICES

Consent for participation in all Christian activities and devotions.

Student Name: _____

Class: _____

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

8. CODE OF CONDUCT FOR STUDENTS

Agreement to uphold discipline, integrity, and school rules.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

9. MEDICAL INFORMATION & CONSENT

Student Name: _____

Date of Birth: _____

Blood Group: _____

Allergies: _____

Chronic Illness: _____

Medical Insurance Provider: _____

Policy Number: _____

Parent/Guardian Signature: _____

Date: _____

10. COUNSELLING CONSENT

Child Name: _____

Class: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

11. PHOTO / VIDEO RELEASE

Child Name: _____

Permission Granted (Yes / No): _____

Parent/Guardian Signature: _____

Date: _____

12. DRUG & ALCOHOL TESTING CONSENT

Student Name: _____

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Admission Granted (Yes / No): _____

Class Admitted To: _____

Start Date: _____

Admission Number: _____

Admissions Officer Name & Signature: _____

Head Teacher Name & Signature: _____

Date: _____